Gross Polowy LLC

1775 Wehrle Drive, Suite 100
Williamsville, New York 14221
Phone (716)204-1700
Fax (716)204-1702
http://www.GrossPolowy.com/

June 29, 2016

Chambers, Hon. Robert D. Drain
United States Bankruptcy Court
Southern District of New York
300 Quarropas Street
Room 248
White Plains, NY 10601

Re: Alexander Moreno
Case No. 14-22955-rdd
Loan No. ...5985

Dear Judge Drain:

Please allow this letter to serve as a written status report and supplementary detailed letter, submitted on behalf of Wells Fargo Bank, N.A. (the "Servicer") pursuant to the Southern District of New York Loss Mitigation Program Procedures setting forth the financial inconsistencies that were discovered during the prolonged loss mitigation effort on the above-captioned matter.

The most recent denial of the Debtor's loan modification application was by a letter issued by the Servicer dated April 12, 2016. The Debtor's appeal of the decision was denied by letter dated May 3, 2016. The relevant denial and appeal denial letters are attached hereto as the **Exhibit "1."** As per the Servicer, the reason for the denial are the financial inconsistencies in the Debtor's application. A detailed depiction is provided below.

The Debtor's Affidavit

On October 27, 2015, the Debtor filed an affidavit regarding loss mitigation with this Court. See *Docket No. 42.* Attached hereto as **Exhibit A** is a copy said affidavit signed by the Debtor swearing under the penalty of perjury that he does not have any ownership interest in Edward L. Grant Corporation, that his paystubs are accurate and reflect his proper year to date income, the payroll account is now being handled by 'Benefit Mall,' and an amendment was filed for the 2014 W-2 to match the 2014 tax returns. In the above context, an analysis of the previously submitted documentation as well as the more recent documentation provided for loss mitigation is appropriate.

The Debtor's Ownership of Business

During the review process, the Debtor was queried on his ownership interest on a business named Edward L. Grant Corp. The Debtor advised that he is merely an employee of the business. Public Records that were reviewed as part of the Secured Creditor's status letter filed on October 13, 2015 had Mr. Moreno as the Chief Executive Officer of Edward L. Grant Corp. *See* **Exhibit B** attached. A search of the public records in conjunction with this letter indicate that the chief executive officer's name has been changed to Merkis Ruiz and the Debtor's name has now been removed.

As per the Servicer, Mr. Moreno had submitted tax returns for the years 2008, 2009, 2011, 2012, and 2013 as part of loss mitigation reviews. As per the Servicer, each year provides a variance in ownership of different businesses. As per the Servicer, the 2009 tax returns depict multiple car wash operations. Attached hereto as **Exhibit C** (only relevant schedules are attached) are copies of the 2009, 2012, and 2013 tax returns as submitted by the Debtor. The Court should note that the Debtor only claims $13,400.00 in income in the 2009 tax returns, $15,600.00 for the tax years 2012 and 2013.

As per the Servicer, the 2011 tax returns showed that Edward L. Grant Corporation is a business that the Debtor owned. Additionally, as per the Servicer as part of a review concluded on 03/18/2015, the Debtor even submitted bank statements and profit and loss statements for Edward L. Grant Corp. Attached hereto as **Exhibit D** is a hardship letter submitted by the Debtor that mentions a car wash operation, which the Secured Creditor understood to be Edward L. Grant Corp. Also attached hereto, as **Exhibit E,** are copies of the bank statements and profit and loss statements submitted by the Debtor in relation to Edward L. Grant Corp. The Court should further note that the Debtor filed an application for an extension of time to file certain business income tax, information, and other returns for the year 2012 1120 tax returns for Edward L. Grant Corp. Said application is attached hereto as **Exhibit F.** Hence, the Servicer is faced with the conflicting situation in which the Debtor states under penalty of perjury that he never had an ownership interest in Edward L. Grant Corp, and is merely a manager within same corporation, and yet, at the very least, files important tax documents such as requests for extensions of time to file returns for the same corporation.

Self-Employment v. Payroll Income

It is respectfully submitted that with the mass of varying and changing information provided by the Debtor, it is indecipherable as to what the Debtor's income in fact is. The information is being presented in outline format for ease of understanding:

- As per the Servicer, in the previous review, the Debtor had submitted that he did not receive 1099 or self-employment income of any kind and letter of explanation provided by his attorney (Raymond W. Verdi, Esq.) on November 20, 2014 stated the same, and that he was a salaried employee being paid on a W-2 basis. In addition, the Debtor had submitted a 2014 W-2 form from Edward L Grant Corporation showing an income of $13,800.00. Said W2 is attached hereto as **Exhibit G.**

- The unsigned amended 2014 tax return submitted by the Debtor as part of his Affidavit shows wage income of $21,770.00. Said tax return is attached hereto as **Exhibit H**. The Servicer asked for explanation for obvious discrepancy in income amounts, and on December 7, 2015 an updated W-2 with wage income matching the amended 2014 tax returns was submitted. See **Exhibit I.** Additionally the Debtor submits a 1099 for the year 2014 depicting other income being received from Edward L. Grant Corp in the amount of $31,030.00, which in turn is attached as **Exhibit J.** The Debtor supplied an additional letter of explanation stating that his income changed in 2014 from being a 1099 employee to a W-2 employee due to his promotion to Manager of Edward L. Grant Corp, and said change is the reason for having both 1099 and W-2 income present on his 2014 tax returns. The Debtor also stated that it was an accountant's error that resulted in the 2014 tax returns being inaccurate as earlier filed. Attached as **Exhibits K** are the relevant letters of explanations provided by Mr. Moreno on December 7, 2015. This theme of alleged accounting errors repeat itself.

- A letter of explanation was received on March 10, 2016 from Silverstein & Company and signed by Gerald R. Fox (the Debtor's accountant), stating that Benefit Mall payroll company "put $13,000 as commission for Mr. Moreno in 2015" and that it had been corrected. The relevant letter is attached hereto as **Exhibit L**. The Debtor also provides a new 2015 1099 from Edward L. Grant Corp., attached hereto as **Exhibit M** that depicts $86,100.00 income for the year 2015. The 1099 provided for the year 2015 is inconsistent with the realities as expressed in the explanation letters attached as Exhibits K which essentially state that he has been a W-2 employee since the year 2014.

- Upon receipt of 2015 1099, the servicer requested a profit and loss statement for the 1099 income for the year 2015 along with a request for Debtor's 2015 W-2 and a letter of explanation as to the employment status discrepancies. On March 16, 2016 the Servicer received a letter of explanation signed by Merkis Luis stating that Mr. Moreno had been employed since 2010, is currently the General Manager, and that he is paid $100,000.00 annually. Said letter is attached hereto as **Exhibit N.** As per the Servicer, Debtor provided another letter of explanation on March 22, 2016, attached hereto as **Exhibit O**, stating that whenever he passes his quota and receives bonus income in 2016, it will be claimed as 1099 income instead of salary.

- The Profit and loss statement for the Debtor related to the 1099 income received for year ending December 31, 2015 was submitted on March 30, 2016 and sets forth Gross Profits of $100,094.00, itemized expenses of $18,840.00, and net Income of $81,254.00. The relevant profit and loss statement is attached as **Exhibit P**. On its face, the profit and loss statement shows a different gross income than what was provided on the 2015 1099 submitted by Debtor as Exhibit M. Additionally, the profit and loss statement also lists expenses that are more in line with expenses of the owner of a business, rather than an employee or even general manager.

The Servicer finds that the documentation and correspondence provided from the Debtor is inconsistent and suspect in nature. Due to the many changes in Mr. Moreno's employment status, tax filing status, and documents provided, a favorable decision cannot be rendered on the Debtor's loss mitigation review.

The Debtor's Paystubs

The Year 2014

Attached hereto as **Exhibit Q** are copies of one paystub dated 07/17/2014 ($1600.00 in income) and three paystubs dated 08/28/2014 ($1650.00 per pay stub in income) all with sequential numbers. Additional paystubs were provided by the Debtor on November 20, 2014. All 6 paystubs dated 11/17/2014, attached hereto as **Exhibit R** shows the same pattern of sequential paystubs repeated. Additionally, the paystub among those with the most recent pay period shows a year to date income ending 11/09/2014 in the amount of $30,440.00 and a weekly pay of $1615.00. However, the Debtor's 2014 W-2 show an inconsistent year to date income of $13,800.00. See **Exhibit S** attached. The Court should note that all the paystubs in Exhibits R and S appear to be signed by the Debtor.

The Year 2015

Attached hereto as **Exhibit T** are copies of the 03/08/2015, 03/15/2015, 03/22/2015, and 03/29/2015 checks that were submitted all in the exact amount of $2100.00 and sequential. No deductions of any kind are depicted on the checks. Subsequent paycheck submissions are attached hereto as **Exhibit U**, which in turn show a different amount of weekly salary in the amount of $2300.00 with the most recent paystub within Exhibit U for the week ending May 10, 2015 showing a year to date income of only $7050.00, which in turn does not arithmetically correspond to an individual making $2300.00 in gross income a week. On May 21, 2015 a letter of explanation was provided by Merkis Luis stating that Mr. Moreno is a level one manager making $2300.00 per week. On December 7, 2015, paystubs with the check date 11/27/2015 and 11/18/2015 were submitted to the servicer showing pay rate of $50.00 hour and a current income of $2000 for each paycheck and a year to date income of only $12,025.00 is provided on the 11/27/2015 paystub, shown as **Exhibit V**. It is respectfully submitted that the pay information is inconsistent.

The Year 2016

The Debtor submitted paystub number 5021 with the check date of 01/22/2016 with a current income of $1949.10 and year to date total of $3898.00. Two additional paystubs were submitted dated 03/25/2016, and 03/29/2016 with check numbers 5022 and 5023 which are sequential to the 01/22/2016 paystub. Said paystubs seemed to show that the borrower did not receive any income from 01/22/2016 to 03/25/2016 as the year to date total on the paystub of 03/25/2016 increased only by 1900.00. Additionally, the checks also show another change in pay from $1949.10 to $1900 a week, and an additional change on a later submitted 03/29/2016 paystub which shows $7600 for the last week in March 2016 and year to date income of $13,398.20. The relevant paystubs are attached hereto as **Exhibit W.**

The Servicer sought clarifications from the Debtor and the Debtor provided a letter of explanation on 03/22/2016 attached earlier as Exhibit O. However, said letter further complicates the situation in that the explanation in the letter that there is 1099 income in the form of bonus in the checks provided conflicts with the very nature of the paystubs themselves which show payroll deductions.

Additionally, as per the Servicer, the entries in the 09/08/2015 through 02/07/2016 bank statements that have been provided by the Debtor do not validate the payroll or 1099 income claimed by the Debtor. The relevant bank statements referenced are attached hereto as **Exhibit X.**

It is respectfully submitted that the Debtors loss mitigation submissions can again be charitably described as inconsistent and suspect. The Secured Creditor requests that loss mitigation be terminated. If there are any questions, this writer can be contacted directly at 716-204-1781.

Very truly yours,

By: Dennis Jose, Esq.

Encl. Exhibits

cc Raymond Verdi, Esq., via ECF and Regular Mail

EXHIBIT 1

AMERICA'S SERVICING CO.
RETURN MAIL OPERATIONS
PO BOX 10388
DES MOINES IA 50306-0388

04/12/16

2SP 00008/000157/000043 0001 6 ACTTHPHP602 106

GROSS POLOWY LLC
1775 WEHRLE DR STE 100
WILLIAMSVILLE, NY 14221-7093

Account Information

Fax:	1-866-590-8910
Telephone:	1-800-416-1472
Correspondence:	PO Box 10335 Des Moines, IA 50306
Hours of operation:	Mon - Thurs, 7 a.m. - 9 p.m., Fri, 7 a.m. - 8 p.m., Sat, 8 a.m. - 4 p.m., CT
Loan number:	[redacted]
Property address:	62 PRISCILLA AVE YONKERS NY 10710

Subject: Urgent - Please forward enclosed documents to borrower(s) or their attorney
Mortgagor(s): ALEX MORENO
Loan number: [redacted]

Dear GROSS POLOWY LLC:

I've enclosed a copy of important documents for the above borrower(s) in mediation. These documents provide the borrower(s) with time sensitive information about a home preservation review. Please forward the enclosed documents to the borrower or borrower's attorney as soon as possible.

Thank you for your prompt attention to this matter. If you have any questions, please call us at the number listed in the account information box.

Sincerely,

ANTHONY BLAINE

ANTHONY BLAINE
Home Preservation Specialist
America's Servicing Company
Ph: 1-855-329-6227 ext. 8601
Fax: 1-866-590-8910

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[redacted]

HP602 106
000157/000043 ACTTHP 61-E6-M1-C00501

Account Information

Fax:	1-866-590-8910
Telephone:	1-800-416-1472
Correspondence:	PO Box 10335 Des Moines, IA 50306
Hours of operation:	Mon - Thurs, 7 a.m. - 9 p.m., Fri, 7 a.m. - 8 p.m., Sat, 8 a.m. - 4 p.m., CT
Loan number:	[redacted]
Property address:	[redacted]RISCILLA AVE YONKERS NY 10710

04/12/16

ALEX MORENO

62 PRISCILLA AVE

YONKERS, NY 10710

PLEASE NOTE: This notice is being provided for informational purposes only. As a result of at least one bankruptcy case filing that included the above referenced account, America's Servicing Company is NOT attempting in any way to violate any provision of the United States Bankruptcy Code or to collect a debt (deficiency or otherwise) from any customer(s) who is impacted by an active bankruptcy case or has received a discharge, where the account was not otherwise reaffirmed or excepted from discharge. THIS IS NOT A BILL OR A REQUEST FOR PAYMENT AS TO THESE CUSTOMER(S). Your decision to discuss workout options with America's Servicing Company is strictly voluntary. You are not obligated to pursue any workout options discussed with us. At your request, we will immediately terminate any such discussions should you no longer wish to pursue these options.

Subject: Your request for assistance

Note: We service your mortgage on behalf of your investor, CSFB 2003-17.

Dear ALEX MORENO:

We're responding to your request for assistance and the options that may be available to help you. We realize that the process can take some time, and we appreciate your patience while we review your options.

[redacted]

1P602 106
00016/000944 ACTRHP S1-E6-M1-C00001

Decision on the federal government's Home Affordable Modification Program (HAMP)
We carefully reviewed the information you sent us. At this time, you do not meet the requirements of HAMP because:

You did not provide us with valid documents as requested.

You have the right to appeal this decision
Carefully read over this letter, which states America's Servicing Company's decision. If you believe the decision is incorrect and want to appeal the decision, you may submit your appeal request in writing or by phone.

If you choose to submit your appeal request in writing, we have enclosed an Appeal Request Form for your convenience. Or you can write a letter of your own that explains the reason you disagree with the decision.

You can initiate an appeal in one of three ways:
1. Fax your appeal request to 1-866-590-8910.

2. Mail your appeal request to:
1000 Blue Gentian Road,
Suite 300 MAC X9999-01N,
Eagan, MN 55121

3. Call 1-877-816-4914 and follow the prompts.

If you choose to submit your appeal request in writing, by fax or mail -- using the enclosed form or a letter of your own -- please specify which of these two options applies to you:

Option A. I want to appeal the decision I received. I have enclosed additional information for your consideration, and/or I have no further information to provide. I understand America's Servicing Company will review the decision immediately based on the additional information I have provided (If applicable), or on the information they currently have.

Option B. I will be appealing the decision I received. I will submit additional information for your consideration at a later time. I understand that if America's Servicing Company does not receive my additional information within 30 calendar days from the date of this letter, America's Servicing Company will immediately move forward with a review of the decision.

Appeal request guidelines:
· If you do not specify your intention for providing additional information, by selecting one of the two options above, we will follow the process described in Option B.
· If you are disputing the value of your property used in the decision, you must indicate the specific value you believe is more accurate.
· We must receive your appeal request, with any additional information (as applicable) within 30 calendar days from the date of this letter.
· After an appeal is initiated, if you selected Option B and we do not receive your additional information

[redacted]

within 30 calendar days from the date of this letter, we will review the decision based on the information we have at that time.

· You may have recently received a separate communication regarding another review we completed. Our decision regarding that review may also be appealable, subject to the timelines and guidelines here.

· Be sure to include your loan number on your appeal request and any additional information.

· If you choose to initiate your request by phone, make sure to have your loan number available and follow the phone prompts carefully.

· Please be advised that we need to receive the documentation outlined in this letter in order to review you for a workout option. However, because you are in a mediation or court ordered modification review there may be different deadlines in which to return the below referenced documentation. Please contact me to learn about the state specific timelines.

Please note

After we receive your appeal request, you will receive a letter that confirms receipt of your request and outlines next steps in the appeal process. As your home preservation specialist, I remain available to assist you with any questions you may have about this letter, but you must initiate an appeal request in one of the three ways listed above.

Talk to me about your other options

We have options available to help you avoid a foreclosure. You are eligible for a short sale and deed in lieu of foreclosure provided you meet the requirements.

If you're interested in staying in your home, you may be eligible for help through a different assistance program. If you are eligible for an alternative assistance option, we will review your information and we will notify you separately of the result of that review.

Other options you may be interested in: If the amount you owe on your mortgage is higher than what you think you can sell your house for, you may want to consider what is known as a "short sale." This option could allow you to list your home for sale, for an amount that is less than you owe.

During the short sale process, you'll need to submit documentation to us that we will evaluate. For example, a short sale requires a purchase contract. Once we receive a purchase contract America's Servicing Company will review the terms of the contract and obtain the appraised value of the property.

If you are interested in a short sale, contact me right away. I can help explain the short sale process, guidelines and your eligibility.

If you are unable to sell your home or find a short sale is not the right alternative to foreclosure for you, another option to consider might be a deed in lieu of foreclosure, sometimes referred to as a Mortgage Release. If you are interested in a deed in lieu of foreclosure, please contact me right away so we can determine your eligibility and coordinate an appraisal and inspection of your property.

Keep in mind, if you accept a deed in lieu of foreclosure, you must agree to vacate the property within

[redacted]

an agreed upon time.

We're here for you
I am available to help you and can be reached at the phone number listed below or by email at HAMPNonApprovalInquiry@wellsfargo.com. Please note: sending your documents via email is not a secure method of transmitting information.

Sincerely,

ANTHONY BLAINE

ANTHONY BLAINE
Home Preservation Specialist
America's Servicing Company
Ph: 1-855-329-6227 ext. 8601
Fax: 1-866-590-8910

Contact us
If you'd like to request information, notify us of an error, or share any concerns you may have about the servicing of your loan, please contact us at P.O. Box 10335, Des Moines, IA 50306.

Get free counseling to help manage expenses and avoid foreclosure.
Reach out to a local HUD-approved, non-profit housing counseling agency if you're struggling to keep up with monthly expenses, or want help to avoid foreclosure. At no cost, a counselor will work closely with you, providing the information and assistance you need. To find an agency near you, go to www.hud.gov/offices/hsg/sfh/hcc/fc. Or call 1-800-569-4287 (TDD 1-800-877-8339). You can also call HOPE Hotline at 1-888-995-HOPE (4673).

Be sure you avoid anyone who asks for a fee for counseling or a loan modification, or asks you to sign over the deed to your home, or to make your mortgage payments to anyone other than America's Servicing Company.

If you reside in the state of New York and if you believe the loss mitigation request has been wrongly denied, you may file a complaint with the New York State Banking Department at 1-800-342-3736 or www.banking.state.ny.us.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006.

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[redacted]

Appeal Request Form

Carefully read over the letter that came with this form, which states America's Servicing Company's decision. If you believe our decision is incorrect and want to appeal the decision, we recommend you use this form to submit a written appeal.

Important:

- We must receive your written request for an appeal or a phone-initiated appeal request within 30 days from the date of this letter, or we will not move forward with a review of the decision. While not required, please provide any additional information (as applicable) that will help us look into your request.
- If you are disputing the value of your property used in the decision, you must indicate the specific value you believe is more accurate in your explanation below.

Please explain the reason you disagree with the decision.

____

Select and check the box that best applies to your request:
( ) Option A. I want to appeal the decision I received. I have enclosed additional information for your consideration, and/or I have no further information to provide. I understand America's Servicing Company will review the decision immediately based on the additional information I have provided (if applicable), or on the information they currently have.

( ) Option B. I will be appealing the decision I received. I will submit additional information for your consideration at a later time. I understand that if America's Servicing Company does not receive my additional information within 30 days from the date of this letter, America's Servicing Company will immediately move forward with a review of the decision.

Please note: If you do not specify your intention for providing additional information by selecting one of the two options above, America's Servicing Company will follow the process described in Option B.

Be sure to include your loan number on any supporting documents.

ALEX MORENO
[redacted]
Primary contact phone number: ________________
Other contact phone numbers: ________________

Best day and time to call: ________________

Mail your appeal request to:
1000 Blue Gentian Road
Suite 300 MAC X9999-01N
Eagan, MN 55121

Or fax your appeal request to:
1-866-590-8910

[redacted]

America's Servicing Co.
Return Mail Operations
PO Box 10388
Des Moines, IA 50306-0388

May 3, 2016

Account Information

Fax:	1-866-359-7363
Telephone:	1-800-416-1472
Correspondence:	PO Box 10335 Des Moines, IA 50306
Hours of operation:	Mon - Fri, 9 a.m. - 6 p.m., CT
Loan number:	[redacted]
Property address:	62 Priscilla Ave Yonkers NY 10710

DCML1CDTBX 012601

GROSS POLOWY LLC
1775 WEHRLE DR STE 100
WILLIAMSVILLE, NY 14221

002
DCML1CDTBX 012601 NNNNNNNNN NNN NN 001 004 04113 11531834.1

Subject: Urgent-Please forward enclosed documents to borrower(s) or their attorney
Borrower(s): Alex Moreno
Loan number: [redacted]

Dear GROSS POLOWY LLC

I've enclosed a copy of important documents for the above borrower(s) in mediation. These documents provide the borrower(s) important information about a home preservation review. Based on attorney consent status, please forward the enclosed documents to the borrower or borrower's attorney as soon as possible.

Thank you for your prompt attention to this matter. If you have any questions, please call me at the number listed below.

Sincerely,

ANTHONY BLAINE

ANTHONY BLAINE
Home Preservation Specialist
America's Servicing Company
Phone: 855-844-4527 ext. 8601
Fax:

Enclosure

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America's Servicing Co.
Return Mail Operations
PO Box 10388
Des Moines, IA 50306-0388

ASC AMERICA'S SERVICING COMPANY

May 3, 2016

Account Information

Fax:	1-866-359-7363
Telephone:	1-800-416-1472
Correspondence:	PO Box 10335 Des Moines, IA 50306
Hours of operation:	Mon - Fri, 9 a.m. - 6 p.m., CT
Loan number:	[redacted]
Property address:	62 Priscilla Ave Yonkers NY 10710

ALEX MORENO
62 PRISCILLA AVE
YONKERS, NY 10710

002

DCML1COTEX 012601 NNNNNNNNN NNN NN 002 004 041115 11531634.1

PLEASE NOTE: This notice is being provided for informational purposes only. As a result of at least one bankruptcy case filing that included the above referenced account, America's Servicing Company is NOT attempting in any way to violate any provision of the United States Bankruptcy Code or to collect a debt (deficiency or otherwise) from any customer(s) who is impacted by an active bankruptcy case or has received a discharge, where the account was not otherwise reaffirmed or excepted from discharge. THIS IS NOT A BILL OR A REQUEST FOR PAYMENT AS TO THESE CUSTOMERS(S). Your decision to discuss workout options with America's Servicing Company is strictly voluntary. You are not obligated to pursue any workout options discussed with us. At your request, we will immediately terminate any such discussions should you no longer wish to pursue these options.

Subject: Decision on your loan modification and next steps

Dear Alex Moreno:

In response to your appeal request, we have completed a careful review of the decision we made about your mortgage.

Here's what we found

After carefully reviewing the information we currently have, we have determined that you still do not meet the requirements for a loan modification.

Talk to me about your other options

We have options available to help you avoid a foreclosure. You are eligible for a short sale and deed in lieu of forclosure provided you meet the requirements.

If the amount you owe on your mortgage is higher than what you think you can sell your house for, you may want to consider what is known as a "short sale." This option allows you to list your home for sale, for an amount that is less than you owe.

During the short sale process, you'll need to submit documentation to us that we will evaluate. For example, a short sale requires a purchase contract. Once we receive a purchase contract America's Servicing Company will review the terms of the contract and obtain the appraised value of the property.

Account Information
Loan number: [redacted]
Property address: 62 Priscilla Ave
Yonkers NY 10710

If you are interested in a short sale, contact me right away. I can help explain the short sale process, guidelines and your eligibility.

If you are unable to sell your home or find a short sale is not the right alternative to foreclosure for you, another option to consider might be a deed in lieu of foreclosure, sometimes referred to as a Mortgage Release. If you are interested in a deed in lieu of foreclosure, please contact me right away so we can determine your eligibility and coordinate an appraisal and inspection of your property.

Keep in mind, if you accept a deed in lieu of foreclosure, you must agree to vacate the property within an agreed upon time.

We're here for you
If you have any questions about your reviewed decision, or want to discuss other options to avoid foreclosure, please call the phone number below.

Sincerely,

ANTHONY BLAINE

ANTHONY BLAINE
Home Preservation Specialist
America's Servicing Company
Phone: 855-844-4527 ext. 8601
Fax:

Get free counseling to help manage expenses and avoid foreclosure.
Reach out to a local HUD-approved, non-profit housing counseling agency if you're struggling to keep up with monthly expenses, or want help to avoid foreclosure. At no cost, a counselor will work closely with you, providing the information and assistance you need. To find an agency near you, go to **www.hud.gov/offices/hsg/sfh/hcc/fc**. Or call **1-800-569-4287** (TDD 1-800-877-8339). You can also call the HOPE hotline 1-888-995-HOPE (4673).

Be sure you avoid anyone who asks for a fee for counseling or a loan modification, or asks you to sign over the deed to your home, or to make your mortgage payments to anyone other than America's Servicing Company.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Bureau of Consumer Financial Protection, 1700 G Street NW., Washington DC 20006.

If you reside in the state of New York and if you believe the loss mitigation request has been wrongly denied, you may file a complaint with the New York State Banking Department at 1-800-342-3736 or www.banking.state.ny.us.

Wells Fargo Home Mortgage, doing business as America's Servicing Company, is a division of Wells Fargo Bank, N.A.

[redacted]

DCML1CDTBX 012601 NNNNNNNNN NNN NN 003 004 041117 11531834.1

Account Information
Loan number: [redacted]

Property address: 62 Priscilla Ave
Yonkers NY 10710

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EXHIBIT A

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

---x

In re: Chapter 13

Alexander Moreno, Case No.: 14-22955-rdd

AFFIDAVIT

REGARDING LOSS MITIGATION

Debtor.

---x

I, Alexander Moreno, do hereby swear under the penalties of perjury as follows:

1. I am the debtor in the within Chapter 13 case and make this affidavit in support of my request for loss mitigation in this Court.

2. I have read and reviewed the loss mitigation status report filed by Nationstar Mortgage dated October 13, 2015 stating that my application for loss mitigation has been inconsistent and suspect.

3. As this Court may recall, my application for loss mitigation was denied by Nationstar Mortgage due to "financial inconsistencies" determined to exist solely by Nationstar Mortgage. I was not denied due to insufficient income or some other financial reason but for what the bank states are inconsistent and suspect documentation.

4. I vehemently object to this characterization of me and my intention to nothing but truthful and honest during this loss mitigation process.

5. The bank questions my ownership interest in Edward L. Grant Corp. I state that I do not have any ownership interest in that corporation. Attached as Exhibit A is a copy of the Certificate of Incorporation of Edward L. Grant Corp. and Filing Receipt showing Merkis R. Ruiz as the incorporator. My accountant inadvertently listed me as president when I was only the manager. Attached as Exhibit B is a copy of a letter from my accountant regarding this error.

6. I did at one time have ownership interest in other corporations as shown on my prior income tax returns. However, all those business have since closed and I have no ownership interest in any corporation at this time.

7. As for my income, it is true that my income was much lower in prior years but I was promoted to general manager. In my capacity as general manager my

duties and responsibilities increased and my income was substantially increased as reflected in my weekly paystubs submitted to the bank and my recently filed 2014 income tax return, a copy of which is attached hereto as Exhibit C.

8. As for my paystubs, my employer issued corporate checks for my income. As the general manager I have check writing privileges and do in fact write my own paycheck each week. Subsequently, my employer hired Paychex to handle the payroll and all my checks were issued by them. The year-to-date income shown on the Paychex paystubs reflect only the income from when they started to handle the payroll. Prior to Paychex my employer issued direct paychecks to me. We now use Benefit Mall to handle our payroll account.

9. My paystubs are accurate and reflect my proper year to date income. My filed 2014 tax return reflects my income earned for that year. An amendment was made to the originally issued 2014 W-2.

10. I respectfully request that this Court allow me to move forward with my loss mitigation application with Nationstar Mortgage and demand that they negotiate in good faith with me and review my application based solely on the financial documentation provided.

Alexander Moreno

Sworn to before me this
27 day of October 2015

Notary Public

YVONNE TAMAYO
NOTARY PUBLIC, STATE OF NEW YORK
No. 01TA6249834
Qualified in Bronx County
Commission Expires October 11, 2019

EXHIBIT B

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through October 2, 2014.

Selected Entity Name: EDWARD L GRANT CORP.
Selected Entity Status Information

Current Entity Name:	EDWARD L GRANT CORP.
DOS ID #:	3991959
Initial DOS Filing Date:	SEPTEMBER 02, 2010
County:	BRONX
Jurisdiction:	NEW YORK
Entity Type:	DOMESTIC BUSINESS CORPORATION
Current Entity Status:	ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)
EDWARD L GRANT CORP.
1413 EDWARD L GRANT HWY
BRONX, NEW YORK, 10452

Chief Executive Officer
ALEX MORENO
1413 EDWARD L GRANT HWY
BRONX, NEW YORK, 10452

Principal Executive Office
EDWARD L GRANT CORP.
1413 EDWARD 1 GRANT HWY
BRONX, NEW YORK, 10452

Registered Agent
NONE

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers,

EXHIBIT C

01/21/2011 8:23:54 AM -0700 ENTERPRISE FAX PAGE 36 OF 59 56

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Form **1040** U.S. Individual Income Tax Return **2009** OFFICE COPY

For the year Jan. 1-Dec. 31, 2009, or other tax year beginning , 2009, ending , 20

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type.

Your first name and initial: ALEXANDER A — Last name: MORENO — Your social security number: [redacted]

If a joint return, spouse's first name and initial — Last name — Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 14. — Apt. no.
62 PRISCILLA AVENUE

City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.
YONKERS, NY 10710

You must enter your SSN(s) above.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 14) ▶ ☐ You ☐ Spouse

Filing Status
1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☒ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 16)

Check only one box.

Exemptions
6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a — Boxes checked on 6a and 6b: 1
b ☐ Spouse
c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) if qualifying child for child tax credit
[redacted] NO			
[redacted]			X

No. of children on 6c who: lived with you: 2
Did not live with you due to divorce or separation
Dependents on 6c not entered above
If more than four dependents, see page 17 and check here ▶ ☐
d Total number of exemptions claimed — Add numbers on lines above ▶ 3

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see page 22. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Line	Description		Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2		894.
8a	Taxable interest. Attach Schedule B if required		
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required		
b	Qualified dividends (see page 22)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes		0.
11	Alimony received		
12	Business income or (loss). Attach Schedule C or C-EZ		
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		
14	Other gains or (losses). Attach Form 4797		
15a	IRA distributions 15a — b Taxable amount		
16a	Pensions and annuities 16a — b Taxable amount		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		-494.
18	Farm income or (loss). Attach Schedule F		
19	Unemployment compensation in excess of $2,400 per recipient (see page 27)		
20a	Social security benefits 20a — b Taxable amount (see page 27)		
21	Other income. List type and amount (see page 29) MANAGEMENT FEE 13,000.		13,000.
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶		13,400.

Adjusted Gross Income

Line	Description		Amount
23	Educator expenses (see page 29)		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		
25	Health savings account deduction. Attach Form 8889		
26	Moving expenses. Attach Form 3903		
27	One-half of self-employment tax. Attach Schedule SE	919.	
28	Self-employed SEP, SIMPLE, and qualified plans		
29	Self-employed health insurance deduction (see page 30)		
30	Penalty on early withdrawal of savings		
31a	Alimony paid b Recipient's SSN ▶		
32	IRA deduction (see page 31)		
33	Student loan interest deduction (see page 34)		
34	Tuition and fees deduction. Attach Form 8917		
35	Domestic production activities deduction. Attach Form 8903		
36	Add lines 23 through 31a and 32 through 35		919.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶		12,481.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 97. Form 1040 (2009)

Loan # [redacted]

12/07/2010 7:03PM (GMT-06:00)

01/21/2011 8:24AM (GMT-07:00)

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Form 1040 (2009) ALEXANDER A MORENO [redacted] Page 2

Section	Line	Description	Box	Amount	Line	Amount
Tax and Credits	38	Amount from line 37 (adjusted gross income)			38	12,481.
	39a	Check if: You were born before January 2, 1945, Blind. Spouse was born before January 2, 1945, Blind. Total boxes checked ▶ 39a				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ 39b				
	40a	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40a	37,489.
	b	If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here ▶ 40b				
	41	Subtract line 40a from line 38			41	-25,008.
	42	Exemptions. If line 38 is $125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply $3,650 by the number on line 6d. Otherwise, see page 37			42	10,950.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	0.
	44	Tax. Check if any tax is from: a Form(s) 8814 b Form 4972			44	0.
	45	Alternative minimum tax. Attach Form 6251			45	
	46	Add lines 44 and 45 ▶			46	0.
	47	Foreign tax credit. Attach Form 1116 if required	47			
	48	Credit for child and dependent care expenses. Attach Form 2441	48			
	49	Education credits from Form 8863, line 29	49			
	50	Retirement savings contributions credit. Attach Form 8880	50			
	51	Child tax credit (see page 42)	51			
	52	Credits from Form: a 8396 b 8839 c 5695	52			
	53	Other credits from Form: a 3800 b 8801 c	53			
	54	Add lines 47 through 53. These are your total credits			54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶			55	0.
Other Taxes	56	Self-employment tax. Attach Schedule SE			56	1,837.
	57	Unreported social security and Medicare tax from Form: a 4137 b 8919			57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			58	
	59	Additional taxes: a AEIC payments b Household employment taxes. Attach Schedule H			59	
	60	Add lines 55 through 59. This is your total tax ▶			60	1,837.
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	63.		
	62	2009 estimated tax payments and amount applied from 2008 return	62			
	63	Making work pay and government retiree credits. Attach Schedule M	63	400.		
	64a	Earned income credit (EIC)	64a	5,028.		
	b	Nontaxable combat pay election 64b				
	65	Additional child tax credit. Attach Form 8812	65	1,000.		
	66	Refundable education credit from Form 8863, line 16	66			
	67	First-time homebuyer credit. Attach Form 5405	67			
	68	Amount paid with request for extension to file (see page 72)	68			
	69	Excess social security and tier 1 RRTA tax withheld (see page 72)	69			
	70	Credits from Form: a 2439 b 4136 c 8801 d 8885	70			
	71	Add lines 61, 62, 63, 64a, and 65 through 70. These are your total payments ▶			71	6,491.
Refund	72	If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid			72	4,654.
	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶			73a	4,654.
	▶ b	Routing number ▶ c Type: Checking Savings ▶ d Account number				
	74	Amount of line 72 you want applied to your 2010 estimated tax ▶	74			
Amount You Owe	75	Amount you owe. Subtract line 71 from line 60. For details on how to pay, see page 74 ▶			75	
	76	Estimated tax penalty (see page 74)	76			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 75)? [X] Yes. Complete the following. [ ] No
Designee's name ▶ PREPARER Phone no. ▶ Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Your signature [signature] Date 5/25/2010 Your occupation MANAGER Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only
Preparer's signature ▶ GERALD R FOX Date Check if self-employed Preparer's SSN or PTIN P00190955
Firm's name (or yours if self-employed), address, and ZIP code ▶ SILVERSTEIN & COMPANY EIN 11 3257015
400 POST AVE STE 305 Phone no. 516-876-1900
WESTBURY, NY 11590

Leonto [redacted]

12/07/2010 7:03PM (GMT-06:00)

01/21/2011 8:24AM (GMT-07:00)

01/21/2011 8:23:54 AM -0700 ENTERPRISE FAX PAGE 40 OF 59 56

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Schedule E (Form 1040) 2009 Attachment Sequence No. 13 Page 2

Name(s) shown on return. Do not enter name and social security number if shown on page 1. Your social security number

ALEXANDER A MORENO [redacted]

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No
If you answered "Yes," see page E-7 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	MORENO USED CARS CORP	S		[redacted]	
B	AMERICAN CAR WASH NYC CORP	S			
C					
D					

	Passive Income and Loss: (f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	Nonpassive Income and Loss: (h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			1,537.		
B					1,043.
C					
D					
29a Totals					1,043.
b Totals			1,537.		

30	Add columns (g) and (j) of line 29a	30	1,043.
31	Add columns (f), (h), and (i) of line 29b	31	(1,537.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	-494.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss: (c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	Nonpassive Income and Loss: (e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	-494.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see page E-8)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-2), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

921501 10-23-09 Schedule E (Form 1040) 2009

[redacted]

12/07/2010 7:03PM (GMT-06:00)

01/21/2011 8:24AM (GMT-07:00)

Form 1040 EXTENSION GRANTED TO 10/15 U.S. Individual Income Tax Return 2012

OMB No. 1545-0074 | IRS Use Only – Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20 | See separate instructions.

Your first name and initial: ALEXANDER A	Last name: MORENO	Your social security number: [redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 62 PRISCILLA AVENUE	Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. YONKERS, NY 10710		Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

Check only one box.

1. [ ] Single
2. [ ] Married filing jointly (even if only one had income)
3. [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4. [X] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5. [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [ ] Spouse

Boxes checked on 6a and 6b: 1

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
[redacted]		[redacted]		X

If more than four dependents, see instructions and check here ▶ [ ]

No. of children on 6c who: • lived with you: 1; • did not live with you due to divorce or separation (see instructions):
Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Line	Description		Line	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	
8a	Taxable interest. Attach Schedule B if required		8a	
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income. List type and amount MANAGEMENT FEE	15,600.	21	15,600.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	15,600.

Adjusted Gross Income

Line	Description	Line	Amount	Line	Amount
23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,102.		
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	1,102.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶			37	14,498.

210001 01-11-13

Form 1040 (2012) ALEXANDER A MORENO [redacted] Page 2

Section	Line	Description	Box	Amount	Box	Amount
Tax and Credits	38	Amount from line 37 (adjusted gross income)			38	14,498.
	39a	Check if: ☐ You were born before January 2, 1948, ☐ Blind. ☐ Spouse was born before January 2, 1948, ☐ Blind. Total boxes checked ▶ 39a				
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐				
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40	8,700.
	41	Subtract line 40 from line 38			41	5,798.
	42	Exemptions. Multiply $3,800 by the number on line 6d			42	7,600.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	0.
	44	Tax. Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 election			44	0.
	45	Alternative minimum tax. Attach Form 6251			45	
	46	Add lines 44 and 45 ▶			46	0.
	47	Foreign tax credit. Attach Form 1116 if required	47			
	48	Credit for child and dependent care expenses. Attach Form 2441	48			
	49	Education credits from Form 8863, line 19	49			
	50	Retirement savings contributions credit. Attach Form 8880	50			
	51	Child tax credit. Attach Schedule 8812, if required	51			
	52	Residential energy credits. Attach Form 5695	52			
	53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53			
	54	Add lines 47 through 53. These are your total credits			54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶			55	0.
Other Taxes	56	Self-employment tax. Attach Schedule SE			56	1,916.
	57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919			57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			58	
	59a	Household employment taxes from Schedule H			59a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required			59b	
	60	Other taxes. Enter code(s) from instructions			60	
	61	Add lines 56 through 60. This is your total tax ▶			61	1,916.
Payments	62	Federal income tax withheld from Forms W-2 and 1099	62			
	63	2012 estimated tax payments and amount applied from 2011 return	63			
If you have a qualifying child, attach Schedule EIC.	64a	Earned income credit (EIC)	64a	3,169.		
	b	Nontaxable combat pay election 64b				
	65	Additional child tax credit. Attach Schedule 8812	65	1,000.		
	66	American opportunity credit from Form 8863, line 8	66			
	67	Reserved	67			
	68	Amount paid with request for extension to file	68			
	69	Excess social security and tier 1 RRTA tax withheld	69			
	70	Credit for federal tax on fuels. Attach Form 4136	70			
	71	Credits from Form: a ☐ 2439 b Reserved c ☐ 8801 d ☐ 8885	71			
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments ▶			72	4,169.
Refund	73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid			73	2,253.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐			74a	2,253.
Direct deposit? See instructions.		▶ b Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number				
	75	Amount of line 73 you want applied to your 2013 estimated tax ▶	75			
Amount You Owe	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶			76	
	77	Estimated tax penalty (see instructions)	77			

Standard Deduction for – • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $5,950; Married filing jointly or Qualifying widow(er), $11,900; Head of household, $8,700

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. ☐ No
Designee's name ▶ GERALD R FOX Phone no. ▶ 516-876-1900 Personal identification number (PIN) ▶ 86460

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Joint return? See instructions. Keep a copy for your records.
Your signature [signature] Date 08-18-2014 Your occupation MANAGER Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only
Print/Type preparer's name: GERALD R FOX | Preparer's signature | Date | Check ☐ if self-employed | PTIN P01203579
Firm's name ▶ SILVERSTEIN & COMPANY | Firm's EIN ▶ 11-3257015
126 GREENBELT LANE
Firm's address ▶ LEVITTOWN, NY 11756 | Phone no. 516-876-1900

210002
01-11-13

Form 1040 EXTENSION GRANTED TO 10/15 U.S. Individual Income Tax Return 2013

OMB No. 1545-0074 | IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 | See separate instructions.

Your first name and initial: ALEXANDER A.	Last name: MORENO	Your social security number: [redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 62 PRISCILLA AVENUE	Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. YONKERS, NY 10710		Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
Foreign country name	Foreign province/state/county / Foreign postal code	☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☒ Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a
b ☐ Spouse

Boxes checked on 6a and 6b: 1
No. of children on 6c who: lived with you: 1; did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

c Dependents: (1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
[redacted]	[redacted]		X

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Line	Description		Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2		
8a	Taxable interest. Attach Schedule B if required		
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required		
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes		
11	Alimony received		
12	Business income or (loss). Attach Schedule C or C-EZ		
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		
14	Other gains or (losses). Attach Form 4797		
15a	IRA distributions 15a / b Taxable amount		
16a	Pensions and annuities 16a / b Taxable amount		
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		
18	Farm income or (loss). Attach Schedule F		
19	Unemployment compensation		
20a	Social security benefits 20a / b Taxable amount		
21	Other income. List type and amount MANAGEMENT FEE 15,600.		15,600.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		15,600.

Adjusted Gross Income

Line	Description		Amount
23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,102.
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,102.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	14,498.

310001 12-05-13

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2013) ALEXANDER A. MORENO [redacted] Page 2

Tax and Credits

Line	Description	Box	Amount
38	Amount from line 37 (adjusted gross income)	38	14,498.
39a	Check if: ☐ You were born before January 2, 1949, ☐ Blind. ☐ Spouse was born before January 2, 1949, ☐ Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	8,950.
41	Subtract line 40 from line 38	41	5,548.
42	Exemptions. If line 38 is $150,000 or less, multiply $3,900 by the number on line 6d. Otherwise, see inst.	42	7,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax. Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	0.
45	Alternative minimum tax. Attach Form 6251	45	
46	Add lines 44 and 45 ▶	46	0.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	0.

Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,100 Married filing jointly or Qualifying widow(er), $12,200 Head of household, $8,950

Other Taxes

Line	Description	Box	Amount
56	Self-employment tax. Attach Schedule SE	56	2,204.
57	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Inst.; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax ▶	61	2,204.

Payments

Line	Description	Box	Amount
62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	3,250.
b	Nontaxable combat pay election	64b	
65	Additional child tax credit. Attach Schedule 8812	65	1,000.
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a ☐ 2439 b Reserved c ☐ 8885 d ☐	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments ▶	72	4,250.

If you have a qualifying child, attach Schedule EIC.

Refund

Line	Description	Box	Amount
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2,046.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	74a	2,046.
b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number		
75	Amount of line 73 you want applied to your 2014 estimated tax ▶	75	

Direct deposit? See instructions.

Amount You Owe

Line	Description	Box	Amount
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶	76	
77	Estimated tax penalty (see instructions)	77	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete below. ☐ No

Designee's name ▶ GERALD R FOX Phone no. ▶ 516-876-1900 Personal identification number (PIN) ▶ 86460

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: [signature] Date: 08-18-2014 Your occupation: MANAGER Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Print/Type preparer's name: GERALD R FOX Preparer's signature Date Check ☐ if self-employed PTIN: P01203579

Firm's name ▶ SILVERSTEIN & COMPANY Firm's EIN ▶ 11-3257015
126 GREENBELT LANE Phone no. 516-876-1900
Firm's address ▶ LEVITTOWN, NY 11756

310002 04-02-14

EXHIBIT D

Alex Moreno
62 Priscilla Avenue,
Yonkers, New York 10710

American Servicing Company
Loan# [redacted]

Please consider this letter to be my explanation for the hardship financial situation that myself and my company is going through at the present time. Even though I am doing my best to manage my financial situation and trying my best to save my business from going bankrupt, I feel like I'm helpless making it through this troubled times.

Please note that I bought my house about eight (8) years ago and at that time my business was doing good. I had sufficient income every month to pay for my mortgage and other expenses. I made sure and did everything that I could to pay my mortgage on time. However, approximately two to three years ago my business had a downturn and the negative impact of the slow economy had a big effect on my business.

My business is a car wash and since it's a business that is considered to be an item of luxury, if I may say and in general, people who want to cut their bills and reduce their unnecessary expenses do not patronize my shop anymore as they used to. On several occasions I have tried to sell my house to at least save my credit and avoid going to foreclosure but even that was not possible because the value of the property is much less than the money I owe. In addition to that, the house is in need of imminent repairs. Now at this point in time, I reach out to you as my mortgage servicer and ask you for your assistance in trying to reduce my monthly payment to the minimum possible amount so that I can get myself out of this troubled financial situation and I promise you that I will be paying my monthly payment on time.

I further believe that I can put my trust in your ability to assist me in keeping my house, my American dream and hopefully with your considerate understanding I will be able to get back on track.

Anticipating your understanding response to my request.

Very truly yours,

Alex Moreno

12/13/2010

Loan# [redacted]

EXHIBIT E

01/21/2011 8:23:54 AM -0700 ENTERPRISE FAX PAGE 25 OF 59

[redacted] 01 0079100626S 0

EDWARD L GRANT CORP
1413 EDWARD L GRANT HIGHWAY
BRONX NY 10452

SUMMARY OF YOUR ACTIVITY

STATEMENT DATE		OCT 25 10
STATEMENT NUMBER		[redacted]
BEGINNING BALANCE		14294.35
DEPOSIT AMOUNT	+	186713.32
WITHDRAWAL AMOUNT	-	183722.11
SERVICE CHARGE	-	35.49
ENDING BALANCE	=	17250.07

DEBITS 15

COMMERCIAL CKG [redacted]

ACTIVITY BEGINNING	SEP 28 10	WITHDRAWALS	DEPOSITS	BALANCE SUMMARY		
					$	14256.35
SEP 28	DEPOSIT RIVERDALE BRANC		4627.00	SEP 28	$	12899.60
SEP 28	DELUXE CHECK CHECK/ACC. 100324 PPD	121.75		SEP 29	$	9524.29
SEP 29	DEPOSIT RIVERDALE BRANC		2424.69	SEP 30	$	9567.29
SEP 30	DEPOSIT RIVERDALE BRANC		4943.00	OCT 01	$	8416.29
OCT 01	DEPOSIT RIVERDALE BRANC		5899.00	OCT 02	$	10822.29
OCT 02	DEPOSIT RIVERDALE BRANC		11106.80	OCT 04	$	23182.29
OCT 04	DEPOSIT RIVERDALE BRANC		12260.00	OCT 05	$	26287.29
OCT 05	DEPOSIT RIVERDALE BRANC		3185.00	OCT 06	$	23918.29
OCT 06	DEPOSIT RIVERDALE BRANC		4441.00	OCT 08	$	716.37
OCT 06	GETTY PETROLEUM GETTY PETR 100510 CCD	6810.00		OCT 12	$	27738.58
OCT 08	OVER $102.00		13629.00	OCT 13	$	7571.74
OCT 08	DEP $13629.00 OVER $102.		102.00	OCT 14	$	9064.84
OCT 08	GASWAY INC. GASWAY INC 100710 CCD	2304.79		OCT 15	$	9376.50
OCT 08	GASWAY INC. GASWAY INC 100710 CCD	8620.13		OCT 18	$	28778.04
OCT 12	GASWAY INC. GASWAY INC 100810 CCD		813.20	OCT 19	$	8961.72
OCT 12	DEPOSIT RIVERDALE BRANC		25219.49	OCT 20	$	7380.66
OCT 12	ACH STOP PAY FEE	20.00		OCT 21	$	6005.66
OCT 12	GASWAY INC. GASWAY INC 100810 CCD	5600.48		OCT 22	$	2191.65
OCT 12	GETTY PETROLEUM GETTY PETR 100510 CCD	RETURN	6810.00	OCT 23	$	10152.65
OCT 13	DEPOSIT RIVERDALE BRANC		4676.00	OCT 25	$	17250.07
OCT 13	GASWAY INC. GASWAY INC 101210 CCD	5412.82				
OCT 13	GASWAY INC. GASWAY INC 101210 CCD	6418.64				
OCT 13	GASWAY INC. GASWAY INC 101210 CCD	6526.06				
OCT 13	GASWAY INC. GASWAY INC 101210 CCD	6606.52				
OCT 14	DEPOSIT RIVERDALE BRANC		7288.00			
OCT 14	GASWAY INC. GASWAY INC 101310 CCD	5798.90				
OCT 15	DEPOSIT JEROME BRANCH		4589.00			
OCT 15	DEPOSIT JEROME BRANCH		359.00			
OCT 15	GASWAY INC. GASWAY INC 101410 CCD	4636.34				
OCT 18	GASWAY INC. GASWAY INC 101510 CCD		824.42			
OCT 18	DEPOSIT RIVERDALE BRANC		25561.00			
OCT 18	PAYCHEX EIB INVOICE 101018 CCD	183.80				
OCT 18	PAYCHEX TPS TAXES 101410 CCD	345.98				
OCT 18	GASWAY INC. GASWAY INC 101510 CCD	6444.10				
OCT 19	DEPOSIT RIVERDALE BRANC		5238.00			
OCT 19	GASWAY INC. GASWAY INC 101810 CCD	4206.70				
OCT 19	GASWAY INC. GASWAY INC 101610 CCD	6562.40				
OCT 19	GASWAY INC. GASWAY INC 101610 CCD	9189.59				
OCT 20	DEPOSIT RIVERDALE BRANC		2711.00			
OCT 20	GASWAY INC. GASWAY INC 101910 CCD	4145.50				
OCT 21	DEPOSIT JEROME BRANCH		6675.00			
OCT 21	BANKDIRECT CAPIT BankDirect CCD	409.00				
OCT 21	GASWAY INC. GASWAY INC 102010 CCD	7541.00				
OCT 22	DEPOSIT RIVERDALE BRANC		7181.00			
OCT 22	GASWAY INC. GASWAY INC 102110 CCD	4355.01				
OCT 23	DEPOSIT RIVERDALE BRANC		6961.00			
OCT 25	ACCOUNT ANALYSIS SERVICE CHARGE	15.49				
OCT 25	GASWAY INC. GASWAY INC 102210 CCD		788.43			

(146) RDD790-01 [redacted] - 01 - 10/25/10 00

1/7/2011

/TA/AAAD 01/21/2011 8:24AM (GMT-07:00)

Leon [redacted] 00791006265 0

EDWARD L GRANT CORP

STATEMENT DATE OCT 25 10
STATEMENT NUMBER [redacted]

COMMERCIAL CKG [redacted]

		WITHDRAWALS	DEPOSITS	BALANCE SUMMARY
				$ 17350.07
OCT 25	DEPOSIT RIVERDALE BRANC		18571.69	
OCT 25	GASWAY INC. GASWAY INC 102210 CCD	5910.50		

CHECKS PAID ON YOUR ACCOUNT

CHECK	DATE	AMOUNT	REF#	CHECK	DATE	AMOUNT	REF#
2	10/19	95.63	916133179	**			
3	10/25	102.48	923463687	1001	09/28	5800.00	700070510
**				**			
9	10/20	146.56	916194116	1004	10/19	5000.00	923401650
**				**			
13	10/25	184.04	923463686	1012	10/25	5000.00	700070434
**				**			
15	10/25	160.59	923463038	1656	10/02	8600.00	700070505
**				**			
97	09/29	5800.00	700070510	1658	10/08	26000.00	700070434
98	10/01	350.00	941214722	**			
99	09/30	5000.00	700070605	1660	10/22	5000.00	700070505
100	10/01	5690.00	700070605				

** = Gap in Sequence

SUMMARY OF YOUR DEPOSIT ACCOUNTS

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	ACCOUNT BALANCE	MATURITY DATE
COMMERCIAL CKG	07-91006265	$ 17,250.07	
TOTAL OF YOUR DEPOSIT ACCOUNTS		$ 17,250.07	

1/7/2011

Loan# [redacted]

01 00791006265 0

HOWARD L GRANT CORP
1413 EDWARD L GRANT HIGHWAY
BRONX NY 10452-3107

SUMMARY OF YOUR ACTIVITY

STATEMENT DATE		NOV 26 10
STATEMENT NUMBER		[redacted]
BEGINNING BALANCE		17250.07
DEPOSIT AMOUNT	+	223766.74
WITHDRAWAL AMOUNT	-	231957.96
SERVICE CHARGED	-	513.68
ENDING BALANCE	=	8545.17

DEBITS 58

COMMERCIAL CKG [redacted]

Date	Description	Withdrawals	Deposits	Balance Summary		
	ACTIVITY BEGINNING OCT 26 10	WITHDRAWALS	DEPOSITS		$	17250.07
OCT 26	Cash Dep Fee	411.50		OCT 26	$	589.31OD
OCT 26	SHORT $50.00		6493.00	OCT 27	$	1715.30
OCT 26	DEP $6493.00 SHORT $50.00	50.00		OCT 28	$	28.37
OCT 26	PAYCHEX EIB INVOICE 101026 CCD	101.20		OCT 29	$	3734.68
OCT 26	PAYCHEX TPS TAXES 101910 CCD	565.52		OCT 30	$	8439.68
OCT 26	GASWAY INC. GASWAY INC 102510 CCD	3765.84		NOV 01	$	21971.82
OCT 26	GASWAY INC. GASWAY INC 102510 CCD	6443.39		NOV 02	$	4735.60
OCT 26	GASWAY INC. GASWAY INC 102510 CCD	9293.93		NOV 03	$	2518.47
OCT 27	DEPOSIT RIVERDALE BRANC		5047.00	NOV 04	$	2558.06
OCT 27	DEPOSIT RIVERDALE BRANC		240.90	NOV 05	$	4269.64
OCT 27	GASWAY INC. GASWAY INC 102610 CCD	2390.19		NOV 08	$	19774.14
OCT 27	OVERDRAFT/NSF CHARGE	30.00		NOV 09	$	5083.35
OCT 27	OVERDRAFT/NSF CHARGE 1008	30.00		NOV 10	$	5197.69
OCT 28	DEPOSIT RIVERDALE BRANC		7850.00	NOV 12	$	20577.23
OCT 28	GASWAY INC. GASWAY INC 102710 CCD	2598.50		NOV 15	$	21515.46
OCT 28	GASWAY INC. GASWAY INC 102710 CCD	5796.28		NOV 16	$	8891.27
OCT 28	OVERDRAFT/NSF CHARGE	30.00		NOV 17	$	7212.05
OCT 28	OVERDRAFT/NSF CHARGE 12	30.00		NOV 18	$	7256.27
OCT 28	OVERDRAFT/NSF CHARGE 16	30.00		NOV 19	$	8194.67
OCT 28	OVERDRAFT/NSF CHARGE 19	30.00		NOV 22	$	17584.07
OCT 28	OVERDRAFT/NSF CHARGE 1010	30.00		NOV 23	$	1938.29
OCT 29	DEPOSIT RIVERDALE BRANC		12120.00	NOV 24	$	381.08
OCT 29	GASWAY INC. GASWAY INC 102810 CCD	5464.00		NOV 26	$	8545.17
OCT 30	DEPOSIT JEROME BRANCH		4705.00			
NOV 01	GASWAY INC. GASWAY INC 102910 CCD		807.87			
NOV 01	OVER 10.00		15672.00			
NOV 01	OVER IN DEP 15672.00		10.00			
NOV 01	GASWAY INC. GASWAY INC 102910 CCD	2808.93				
NOV 02	DEPOSIT JEROME BRANCH		5452.00			
NOV 02	GASWAY INC. GASWAY INC 110110 CCD	5783.94				
NOV 02	GASWAY INC. GASWAY INC 110110 CCD	6899.46				
NOV 02	GASWAY INC. GASWAY INC 110110 CCD	7921.06				
NOV 03	DEPOSIT RIVERDALE BRANC		5240.00			
NOV 03	PAYCHEX EIB INVOICE 101103 CCD	104.98				
NOV 03	PAYCHEX TPS TAXES 102710 CCD	646.91				
NOV 03	GASWAY INC. GASWAY INC 110210 CCD	8219.51				
NOV 04	DEPOSIT JEROME BRANCH		5400.00			
NOV 04	GASWAY INC. GASWAY INC 110310 CCD	5259.09				
NOV 05	DEPOSIT JEROME BRANCH		7320.00			
NOV 05	GASWAY INC. GASWAY INC 110410 CCD	.70				
NOV 05	GASWAY INC. GASWAY INC 110410 CCD	5462.90				
NOV 08	GASWAY INC. GASWAY INC 110510 CCD		454.37			
NOV 08	DEPOSIT RIVERDALE BRANC		20549.00			
NOV 08	SHORT IN DEP 20549.00	1.00				
NOV 08	GASWAY INC. GASWAY INC 110510 CCD	5603.34				
NOV 09	DEPOSIT RIVERDALE BRANC		223.70			
NOV 09	DEPOSIT JEROME BRANCH		5584.00			
NOV 09	GASWAY INC. GASWAY INC 110810 CCD	3089.90				

1/7/2011

00791006265 0

EDWARD L GRANT CORP

STATEMENT DATE NOV 26 10
STATEMENT NUMBER [redacted]

COMMERCIAL CKG [redacted]

BALANCE SUMMARY
0 8545.17

		WITHDRAWALS	DEPOSITS
NOV 09	GASWAY INC. GASWAY INC 110810 CCD	7292.32	
NOV 09	GASWAY INC. GASWAY INC 110810 CCD	10125.27	
NOV 10	DEPOSIT JEROME BRANCH		5545.00
NOV 10	GASWAY INC. GASWAY INC 110910 CCD	5244.62	
NOV 12	DEPOSIT JEROME BRANCH		22695.00
NOV 12	PAYCHEX EIB INVOICE 101112 CCD	104.90	
NOV 12	PAYCHEX TPS TAXES 110510 CCD	688.18	
NOV 12	GASWAY INC. GASWAY INC 111010 CCD	5828.68	
NOV 15	GASWAY INC. GASWAY INC 111210 CCD		827.91
NOV 15	DEPOSIT JEROME BRANCH		15427.00
NOV 15	GASWAY INC. GASWAY INC 111210 CCD	6846.82	
NOV 15	GASWAY INC. GASWAY INC 111210 CCD	7293.01	
NOV 16	XFER FRM 791-6257		3700.00
NOV 16	DEPOSIT JEROME BRANCH		7998.00
NOV 16	DEPOSIT JEROME BRANCH		300.00
NOV 16	RET CK NSF	900.00	
NOV 16	RET CK FEE	15.00	
NOV 16	GASWAY INC. GASWAY INC 111510 CCD	2497.58	
NOV 16	GASWAY INC. GASWAY INC 111510 CCD	7191.73	
NOV 16	GASWAY INC. GASWAY INC 111510 CCD	9017.86	
NOV 17	DEPOSIT JEROME BRANCH		4420.00
NOV 17	GASWAY INC. GASWAY INC 111610 CCD	6099.22	
NOV 18	DEPOSIT JEROME BRANCH		5174.00
NOV 18	GASWAY INC. GASWAY INC 111710 CCD	2688.55	
NOV 18	GASWAY INC. GASWAY INC 111710 CCD	3442.23	
NOV 19	DEPOSIT JEROME BRANCH		6352.00
NOV 19	GASWAY INC. GASWAY INC 111810 CCD	5431.70	
NOV 22	GASWAY INC. GASWAY INC 111510 CCD		888.35
NOV 22	DEPOSIT RIVERDALE BRANC		17255.00
NOV 22	PAYCHEX EIB INVOICE 101122 CCD	104.90	
NOV 22	PAYCHEX TPS TAXES 111510 CCD	734.59	
NOV 22	GASWAY INC. GASWAY INC 111910 CCD	3007.03	
NOV 22	GASWAY INC. GASWAY INC 111910 CCD	4706.82	
NOV 23	DEPOSIT JEROME BRANCH		5708.00
NOV 23	BANKDIRECT CAPIT BankDirect CCD	408.00	
NOV 22	GASWAY INC. GASWAY INC 112210 CCD	5620.07	
NOV 23	GASWAY INC. GASWAY INC 112210 CCD	6209.97	
NOV 23	GASWAY INC. GASWAY INC 112210 CCD	7648.01	
NOV 24	DEPOSIT JEROME BRANCH		5423.00
NOV 24	PAYCHEX EIB INVOICE 101124 CCD	112.30	
NOV 24	PAYCHEX TPS TAXES 111710 CCD	832.33	
NOV 24	GASWAY INC. GASWAY INC 112310 CCD	5408.99	
NOV 26	ACCOUNT ANALYSIS SERVICE CHARGE	501.18	
NOV 26	GASWAY INC. GASWAY INC 112410 CCD		956.74
NOV 26	DEPOSIT JEROME BRANCH		14898.00
NOV 26	GASWAY INC. GASWAY INC 112410 CCD	6296.82	

(146) PID790-01 [redacted] 02 11/26/10 00

1/7/2011

14-22955-rdd Doc 41 Filed 10/13/15 Entered 10/13/15 16:24:50 Main Document
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00781006265 0

EDWARD L GRANT CORP

STATEMENT DATE NOV 26 10
STATEMENT NUMBER [redacted]

CHECKS PAID ON YOUR ACCOUNT

CHECK	DATE	AMOUNT	REF#
1	11/08	79.41	923662157
**			
4	10/29	142.64	916761750
**			
6	11/02	104.17	916905095
**			
8	11/02	70.14	916946529
**			
10	11/08	95.97	923662158
11	11/03	64.72	916998679
12	10/28	95.63	700070702
**			
14	10/29	184.70	916761751
**			
16	10/28	133.29	700070702
**			
18	11/02	113.12	916946526
19	10/28	193.29	700070702
20	11/12	30.37	910046111
21	11/08	118.17	923662159
22	11/26	67.64	923950957
23	11/03	47.37	916999595
24	11/03	184.04	917032264
25	11/15	187.05	910101053
26	11/02	160.39	916904166
27	11/02	115.74	916905096
**			
29	11/04	101.36	917077969
30	11/03	188.56	916999687
31	11/01	148.80	916887529
**			
33	11/26	140.37	923951753
34	11/26	97.00	923950956
35	11/15	95.63	910100151
36	11/10	184.04	917469169
37	11/15	187.05	910101054
38	11/15	149.17	910100195
39	11/03	148.80	917191391
**			

CHECK	DATE	AMOUNT	REF#
41	11/15	103.35	910100145
42	11/15	193.29	910100146
**			
44	11/12	185.33	910046112
45	11/26	153.16	923951752
46	11/26	118.69	923950955
47	11/23	57.48	910614921
48	11/15	184.04	910099640
49	11/24	187.05	910706353
50	11/16	161.29	910099116
51	11/23	108.83	910614919
**			
54	11/24	170.00	910706347
**			
57	11/26	122.20	923951751
**			
59	11/23	95.63	910614920
60	11/22	140.22	910527340
61	11/24	162.49	910705079
62	11/24	187.05	910706352
**			
64	11/22	150.39	910527002
**			
68	11/26	193.29	923951750
**			
1007	10/27	21.00	700070702
1008	10/27	400.00	700070702
1009	11/02	1500.00	916946488
1010	10/28	400.00	700070702
**			
1013	10/26	3700.00	700070434
**			
1015	10/29	600.00	923537155
1016	10/29	2422.35	700070557
1017	11/12	376.00	931353634
1018	11/16	6000.00	700031215
1019	11/23	400.00	910614931
**			
1021	11/23	544.99	910650632

** = Gap in Sequence

1/7/2011

01/21/2011 8:24AM (GMT-07:00)

[redacted]

00791006265 0

EDWARD L GRANT CORP

STATEMENT DATE NOV 26 10
STATEMENT NUMBER 0791006265

SUMMARY OF YOUR DEPOSIT ACCOUNTS

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	ACCOUNT BALANCE	MATURITY DATE
COMMERCIAL CKG	[redacted]	$ 8,545.17	
TOTAL OF YOUR DEPOSIT ACCOUNTS		$ 8,545.17	

(146) PBD790-01 [redacted] - 04 - 11/26/10 00

1/7/2011

Lian [redacted]

01 00731086265 0

EDWARD L GRANT CORP
1413 EDWARD L GRANT HIGHWAY
BRONX NY 10452-3107

SUMMARY OF YOUR ACTIVITY

STATEMENT DATE		DEC 27 10
STATEMENT NUMBER		[redacted]
BEGINNING BALANCE		
DEPOSIT AMOUNT	+	240700.31
WITHDRAWAL AMOUNT	-	230056.39
SERVICE CHARGE	-	575.50
ENDING BALANCE	=	18613.59

DEBITS 35

COMMERCIAL CKG [redacted]

ACTIVITY BEGINNING	NOV 27 10		WITHDRAWALS	DEPOSITS
NOV 29	DEPOSIT JEROME BRANCH			23284.00
NOV 29	WITHDRAWAL JEROME BRANCH		8.00	
NOV 30	DEPOSIT JEROME BRANCH			5635.00
NOV 30	GASWAY INC. GASWAY INC 112910 CCD		3404.67	
NOV 30	GASWAY INC. GASWAY INC 112910 CCD		6176.80	
NOV 30	GASWAY INC. GASWAY INC 112910 CCD		6558.29	
NOV 30	GASWAY INC. GASWAY INC 112910 CCD		6615.54	
NOV 30	GASWAY INC. GASWAY INC 112910 CCD		10626.07	
DEC 01	DEPOSIT JEROME BRANCH			6200.00
DEC 01	PAYCHEX EIB INVOICE 101201 CCD X37856100018506		101.20	
DEC 01	PAYCHEX TPS TAXES 112410 CCD 378805000222822X		709.18	
DEC 01	GASWAY INC. GASWAY INC 113010 CCD 002580000002588		6915.86	
DEC 01	OVERDRAFT/NSF CHARGE	76	30.00	
DEC 02	DEPOSIT RIVERDALE BRANC			7156.00
DEC 02	WITHDRAWAL RIVERDALE BRANC		10.00	
DEC 02	GASWAY INC. GASWAY INC 120110 CCD 002580000002588		6680.63	
DEC 02	OVERDRAFT/NSF CHARGE		30.00	
DEC 02	OVERDRAFT/NSF CHARGE	53	30.00	
DEC 02	OVERDRAFT/NSF CHARGE	58	30.00	
DEC 02	OVERDRAFT/NSF CHARGE	67	30.00	
DEC 02	OVERDRAFT/NSF CHARGE	72	30.00	
DEC 02	OVERDRAFT/NSF CHARGE	1023	30.00	
DEC 02	CHARGE TO RETURN CHECK	1006	30.00	
DEC 03	DEPOSIT JEROME BRANCH			8877.00
DEC 03	GASWAY INC. GASWAY INC 120210 CCD 002580000002588		5404.52	
DEC 06	GASWAY INC. GASWAY INC 120310 CCD 002580000002588			862.21
DEC 06	DEPOSIT RIVERDALE BRANC			21920.00
DEC 06	DEP $21920 COUNT $100- SHOR		420.00	
DEC 06	GASWAY INC. GASWAY INC 120310 CCD 002580000002588		6838.99	
DEC 07	RET CK		900.00	
DEC 07	FEE RET CK		15.00	
DEC 07	RET CK		900.00	
DEC 07	FEE RET CK		15.00	
DEC 07	RET CK NSF		900.00	
DEC 07	FEE RET CK		15.00	
DEC 07	RET CK NSF		900.00	
DEC 07	FEE RET CK		15.00	
DEC 07	DEPOSIT JEROME BRANCH			10224.00
DEC 07	GASWAY INC. GASWAY INC 120610 CCD 002580000002588		6928.55	
DEC 07	GASWAY INC. GASWAY INC 120610 CCD 002580000002588		8300.95	

BALANCE SUMMARY

	$	8545.17
NOV 29	$	31637.13
NOV 30	$	3698.04
DEC 01	$	1985.00
DEC 02	$	237.99
DEC 03	$	3681.01
DEC 06	$	18734.96
DEC 07	$	252.07
DEC 08	$	569.96
DEC 09	$	753.12
DEC 10	$	60.14
DEC 13	$	13112.37
DEC 14	$	3303.09OD
DEC 15	$	429.79
DEC 16	$	1717.62
DEC 17	$	264.59OD
DEC 20	$	16962.17
DEC 21	$	19.61
DEC 22	$	1241.61OD
DEC 23	$	18490.31
DEC 24	$	19799.53
DEC 27	$	18613.59

(146) FCD790-01 [redacted] - 01 - 12/27/10 90

1/7/2011

[redacted] 00791006265 0

EDWARD L GRANT CORP

STATEMENT DATE [redacted]
STATEMENT NUMBER

COMMERCIAL CKG [redacted]

		WITHDRAWALS	DEPOSITS	BALANCE SUMMARY
				$ 18613.59
DEC 07	GASWAY INC. GASWAY INC 120618 CCD 002580000002588	8542.87		
DEC 08	DEPOSIT RIVERDALE BRANC		5603.00	
DEC 08	GASWAY INC. GASWAY INC 120710 CCD 002580000002588	5086.91		
DEC 09	DEPOSIT JEROME BRANCH		7208.00	
DEC 09	GASWAY INC. GASWAY INC 120810 CCD 002580000002588	7025.84		
DEC 10	OVER 10.00		7723.00	
DEC 10	DEP 7723.00 OVER 10.00		10.00	
DEC 10	PAYCHEX EIB INVOICE 101210 CCD X57353500002536	108.60		
DEC 10	PAYCHEX TPS TAXES 120310 CCD 37993600002371X	837.48		
DEC 10	GASWAY INC. GASWAY INC 120910 CCD 002580000002588	7312.65		
DEC 13	GASWAY INC. GASWAY INC 121010 CCD 002580000002588		744.16	
DEC 13	DEPOSIT RIVERDALE BRANC		10813.00	
DEC 13	GASWAY INC. GASWAY INC 121010 CCD 002580000002588	7647.51		
DEC 13	OVERDRAFT/NSF CHARGE 84	30.00		
DEC 13	OVERDRAFT/NSF CHARGE 82	30.00		
DEC 14	DEPOSIT JEROME BRANCH		7528.00	
DEC 14	GASWAY INC. GASWAY INC 121310 CCD 002580000002588	7403.37		
DEC 14	GASWAY INC. GASWAY INC 121310 CCD 002580000002588	7472.79		
DEC 14	GASWAY INC. GASWAY INC 121310 CCD 002580000002588	9067.29		
DEC 15	DEPOSIT RIVERDALE BRANC		12631.00	
DEC 15	PAYCHEX EIB INVOICE 101215 CCD X38043800001225	101.20		
DEC 15	PAYCHEX TPS TAXES 120810 CCD 58046600005600X	580.77		
DEC 15	GASWAY INC. GASWAY INC 121410 CCD 002580000002588	5827.03		
DEC 15	OVERDRAFT/NSF CHARGE	30.00		
DEC 15	OVERDRAFT/NSF CHARGE 85	30.00		
DEC 15	OVERDRAFT/NSF CHARGE 1026	30.00		
DEC 16	DEPOSIT RIVERDALE BRANC		6795.00	
DEC 16	GASWAY INC. GASWAY INC 121510 CCD 002580000002588	7253.24		
DEC 17	DEPOSIT RIVERDALE BRANC		5838.00	
DEC 17	BANKDIRECT CAPIT Bankdirect CCD 1	442.18		
DEC 17	GASWAY INC. GASWAY INC 121610 CCD 002580000002588	7378.03		
DEC 20	GASWAY INC. GASWAY INC 121710 CCD 002580000002588		595.24	

(146) FDD790-01 [redacted] - 02 - 12/27/10 00

1/21/11

01/21/2011 8:23:54 AM -0700 ENTERPRISE FAX PAGE 33 OF 59

[redacted] 0079100G265 0

HOWARD L GENNT CORP

STATEMENT DATE DEC 27 10
STATEMENT NUMBER 0791006265

COMMERCIAL CHG [redacted]

		WITHDRAWALS	DEPOSITS	BALANCE SUMMARY
				$ 18613.69
DEC 20	DEPOSIT RIVERDALE BRANC		25036.00	
DEC 20	GASWAY INC. GASWAY INC 121710 CCD 0025880000002588	8395.69		
DEC 20	OVERDRAFT/NSF CHARGE	30.00		
DEC 21	DEPOSIT RIVERDALE BRANC		8357.08	
DEC 21	GASWAY INC. GASWAY INC 122010 CCD 0025800000002588	7682.57		
DEC 21	GASWAY INC. GASWAY INC 122010 CCD 0025800000002588	8496.31		
DEC 21	GASWAY INC. GASWAY INC 122010 CCD 0025800000002588	9002.78		
DEC 22	DEPOSIT JEROME BRANCH		7140.00	
DEC 22	DEPOSIT JEROME BRANCH		890.00	
DEC 22	GASWAY INC. GASWAY INC 122110 CCD 0025800000002588	8056.33		
DEC 22	OVERDRAFT/NSF CHARGE 71	30.00		
DEC 22	OVERDRAFT/NSF CHARGE 1029	30.00		
DEC 22	OVERDRAFT/NSF CHARGE 1030	30.00		
DEC 23	DEPOSIT RIVERDALE BRANC		27637.00	
DEC 23	GASWAY INC. GASWAY INC 122210 CCD 0025800000002588	3637.98		
DEC 23	GASWAY INC. GASWAY INC 122210 CCD 0025800000002588	3757.55		
DEC 23	OVERDRAFT/NSF CHARGE	30.00		
DEC 23	OVERDRAFT/NSF CHARGE 83	30.00		
DEC 23	OVERDRAFT/NSF CHARGE 96	30.00		
DEC 23	OVERDRAFT/NSF CHARGE 1024	30.00		
DEC 24	GASWAY INC. GASWAY INC 122310 CCD 0025800000002588		1138.60	
DEC 24	DEPOSIT JEROME BRANCH		8664.00	
DEC 24	GASWAY INC. GASWAY INC 122310 CCD 0025800000002588	8400.28		
DEC 27	ACCOUNT ANALYSIS SERVICE CHARGE	575.50		
DEC 27	PAYCHEX EIB INVOICE 101227 CCD X792679000010005	93.80		
DEC 27	PAYCHEX TPS TAXES 122310 CCD 3826460000292SX	516.64		

CHECKS PAID ON YOUR ACCOUNT

CHECK	DATE	AMOUNT	REF#	CHECK	DATE	AMOUNT	REF#
53	12/02	187.06	700070373	**			
**				65	12/06	126.88	911284112
58	12/02	135.72	700070573	**			

** = Gap in Sequence

(146) FDD790-01 [redacted] - 03 - 12/27/10 00

1/7/2011

110/910M 01/21/2011 8:24AM (GMT-07:00)

Loans [redacted]

00791006265 0

EDWARD L GRANT CORP

STATEMENT DATE DEC 27 10
STATEMENT NUMBER [redacted]

CHECKS PAID ON YOUR ACCOUNT

CHECK	DATE	AMOUNT	REF#	CHECK	DATE	AMOUNT	REF#
65	11/30	192.72	910950680	89	12/07	192.72	911426949
**				**			
67	12/02	146.69	700070973	92	12/13	170.00	700070863
**				**			
71	12/22	111.12	700070702	95	12/21	91.25	930032430
72	12/02	109.12	700070973	96	12/23	111.34	700070702
73	11/29	184.04	910882585	97	12/22	47.57	700070702
74	12/06	187.05	911284980	98	12/15	184.04	700070702
75	12/06	155.44	911284123	99	12/15	187.05	910162419
76	12/01	186.80	700070702	100	12/20	159.20	920073252
77	12/02	192.72	911155212	101	12/20	191.59	920073253
**				102	12/13	192.72	911741839
79	12/03	69.46	924029561	103	12/16	67.64	920042635
80	12/02	193.29	924015952	104	12/16	193.29	920042636
**				**			
82	12/21	148.45	930032821	1023	12/02	977.59	700070973
83	12/23	181.60	700070702	1024	12/23	386.51	700070702
84	12/13	59.87	700070863	1025	12/07	2000.00	924077751
85	12/15	184.04	700070702	1026	12/15	670.00	700070702
86	12/10	187.05	911608387	**			
87	12/13	159.20	911740159	1029	12/22	400.00	700070702
88	12/13	175.63	911740160	1030	12/22	375.00	700070702

** = Gap in Sequence

SUMMARY OF YOUR DEPOSIT ACCOUNTS

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	ACCOUNT BALANCE	MATURITY DATE
COMMERCIAL CKG	07-91006265	$ 18,613.59	
TOTAL OF YOUR DEPOSIT ACCOUNTS		$ 18,613.59	

1/7/2011

14-22955-rdd Doc 41 Filed 10/13/15 Entered 10/13/15 16:24:50 Main Document
Pg 26 of 46

[redacted]

EDWARD L GRANT CORP.
INCOME STATEMENT
FOR THE THREE MONTHS ENDED DECEMBER 31, 2010

	OCTOBER	NOVEMBER	DECEMBER
INCOME:			
Income	$145,418	$143,078	$144,233
Cost of goods sold	116,079	114,459	115,269
Gross profit	$ 29,339	$ 28,619	$ 28,964
EXPENSES:			
Wages	$8,700	$8,690	$8,695
Repairs & Maintenance	785	790	787
Rent	8,500	8,500	8,500
Utilities	1,564	1,542	1,553
Insurance	450	450	450
Telephone	189	183	181
Bank Charges	490	455	465
Taxes	1,523	1,521	1,522
Professional Fees	250	250	250
All other	291	273	284
TOTAL EXPENSES	22,742	22,654	22,687
NET INCOME	$6,597	$5,965	$6,277

01-07-11 01-07-11 01-07-11

"SEE ACCOUNTANT'S COMPILATION REPORT"

EXHIBIT F

12/19/2013 1:19PM (GMT-07:00)

06/24/2013 15:12 5168761940 SILVERSTEIN PAGE 02/08

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216711
05-30-12

▼ DETACH HERE ▼

Form **4868** Department of the Treasury Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

2012

For calendar year 2012, or other tax year beginning , 2012, ending

Part I Identification

1 Your name(s)

ALEXANDER A MORENO
62 PRISCILLA AVENUE
YONKERS, NY 10710

2 Your social security number
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

3 Spouse's social security number

Part II Individual Income Tax

4 Estimate of total tax liability for 2012 ..... $ 0.
5 Total 2012 payments ..... 0.
6 Balance due. Subtract line 5 from line 4 ..... 0.
7 Amount you are paying ..... ▶ 0.
8 Check here if you are "out of the country" and a U.S. citizen or resident ..... ▶ ☐
9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ..... ▶ ☐

080605630 LR MORE 30 0 201212 670

[redacted]

12/19/2013 THU 15:20 FAX

12/19/2013 1:19PM (GMT-07:00)

06/24/2013 15:12 5168761940 SILVERSTEIN PAGE 03/08

Form **7004**
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

▶ File a separate application for each return.
▶ Information about Form 7004 and its separate instructions is at *www.irs.gov/form7004*.

OMB No. 1545-0233

Print or Type

Name: EDWARD L GRANT CORP

Identifying number: [redacted]

Number, street, and room or suite no. (If P.O. box, see instructions.)
1413 EDWARD L GRANT HWY

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).
BRONX, NY 10452

Note. *File request for extension by the due date of the return for which the extension is granted. See instructions before completing this form.*

Part I Automatic 5-Month Extension

1a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate other than a bankruptcy estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension

b Enter the form code for the return that this application is for (see below) 12

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36

COPY

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ▶ ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ▶ ☐
If checked, attach a statement, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ▶ ☐

5a The application is for calendar year 2012, or tax year beginning ______, and ending ______

b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (see instructions-attach explanation)

6	Tentative total tax	6	0.
7	Total payments and credits (see instructions)	7	0.
8	Balance due. Subtract line 7 from line 6 (see instructions)	8	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.
219741
11-30-12

Form 7004 (Rev. 12-2012)

[redacted]

12/19/2013 THU 15:20 FAX

EXHIBIT G

05/21/2015 09:38 AM

Page: 8

22222	Void	a Employee's social security number: [redacted]	For Official Use Only ▶ OMB No. 1545-0008

Field	Value
b Employer identification number	[redacted]
c Employer's name, address, and ZIP code	EDWARD L GRANT CORP 1413 EDWARD L GRANT HWY BRONX, NY 10452
d Control number	1
e Employee's first name and initial	ALEX
Last name	MORENO
Suff	
f Employee's address and ZIP code	62 PRISCILLA AVENUE YONKERS, NY 10710
1 Wages, tips, other compensation	13,800.00
2 Federal income tax withheld	1,380.00
3 Social security wages	13,800.00
4 Social security tax withheld	855.60
5 Medicare wages and tips	13,800.00
6 Medicare tax withheld	200.10
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
13 Statutory employee / Retirement plan / Third-party sick pay	
12b	
14 Other	
12c	
12d	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	[redacted]	13,800.00	414.00	13,800.00	218.00	Yonkers

Form **W-2** Wage & Tax Statement **2014** 0000/ 1057

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

22222	Void	a Employee's social security number	For Official Use Only ▶ OMB No. 1545-0008

Field	Value
b Employer identification number	
c Employer's name, address, and ZIP code	
d Control number	
e Employee's first name and initial	
Last name	
Suff	
f Employee's address and ZIP code	
1 Wages, tips, other compensation	
2 Federal income tax withheld	
3 Social security wages	
4 Social security tax withheld	
5 Medicare wages and tips	
6 Medicare tax withheld	
7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
11 Nonqualified plans	
12a See instructions for box 12	
13 Statutory employee / Retirement plan / Third-party sick pay	
12b	
14 Other	
12c	
12d	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage & Tax Statement **2014** 0000/

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Black-and-White Form W2 (Revised 03/14)

100

05/21/2015 8:45AM (GMT-05:00)

EXHIBIT H

Form **1040** EXTENSION GRANTED TO 10/15 (99) **2014**
U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
ALEXANDER A.	MORENO	[redacted]
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 62 PRISCILLA AVENUE	Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. YONKERS, NY 10710		Presidential Election Campaign: Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [X] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, do not check box 6a
b ☐ **Spouse**

Boxes checked on 6a and 6b: 1
No. of children on 6c who: • lived with you: 1
• did not live with you due to divorce or separation (see instructions)
Dependents on 6c not entered above
Add numbers on lines above ▶ 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
[redacted]	[redacted]		X

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Line	Description		Line	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	21,770.
8a	Taxable interest. Attach Schedule B if required		8a	
b	Tax-exempt interest. Do not include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income. List type and amount EDWARD L GRANT CORP 31,030.		21	31,030.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22	52,800.

Adjusted Gross Income

Line	Description	Line	Amount	Line	Amount
23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27	2,192.		
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	2,192.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶			37	50,608.

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LHA **For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form **1040** (2014)

Form 1040 (2014) ALEXANDER A. MORENO [redacted] Page 2

Tax and Credits

Line	Description	Box	Amount	Line	Amount
38	Amount from line 37 (adjusted gross income)			38	50,608.
39a	Check if: ☐ You were born before January 2, 1950, ☐ Blind. ☐ Spouse was born before January 2, 1950, ☐ Blind. Total boxes checked ▶ 39a ☐				
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐				
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40	9,100.
41	Subtract line 40 from line 38			41	41,508.
42	Exemptions. If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see inst.			42	7,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	33,608.
44	Tax. Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐			44	4,396.
45	Alternative minimum tax. Attach Form 6251			45	
46	Excess advance premium tax credit repayment. Attach Form 8962			46	
47	Add lines 44, 45, and 46 ▶			47	4,396.
48	Foreign tax credit. Attach Form 1116 if required	48			
49	Credit for child and dependent care expenses. Attach Form 2441	49			
50	Education credits from Form 8863, line 19	50			
51	Retirement savings contributions credit. Attach Form 8880	51			
52	Child tax credit. Attach Schedule 8812, if required	52	1,000.		
53	Residential energy credits. Attach Form 5695	53			
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54			
55	Add lines 48 through 54. These are your total credits			55	1,000.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶			56	3,396.

Standard Deduction for - • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,200 Married filing jointly or Qualifying widow(er), $12,400 Head of household, $9,100

Other Taxes

Line	Description	Line	Amount
57	Self-employment tax. Attach Schedule SE	57	4,384.
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☐	61	376.
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Inst.; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax ▶	63	8,156.

Payments

Line	Description	Box	Amount	Line	Amount
64	Federal income tax withheld from Forms W-2 and 1099	64	3,175.		
65	2014 estimated tax payments and amount applied from 2013 return	65			
66a	Earned income credit (EIC)	66a			
b	Nontaxable combat pay election 66b				
67	Additional child tax credit. Attach Schedule 8812	67			
68	American opportunity credit from Form 8863, line 8	68			
69	Net premium tax credit. Attach Form 8962	69			
70	Amount paid with request for extension to file	70			
71	Excess social security and tier 1 RRTA tax withheld	71			
72	Credit for federal tax on fuels. Attach Form 4136	72			
73	Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ Reserved d ☐	73			
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶			74	3,175.

If you have a qualifying child, attach Schedule EIC.

Refund

Line	Description	Line	Amount
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	76a	
b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number		
77	Amount of line 75 you want applied to your 2015 estimated tax ▶ 77		

Direct deposit? See instructions.

Amount You Owe

Line	Description	Line	Amount
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	4,981.
79	Estimated tax penalty (see instructions) 79		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. ☐ No

Designee's name ▶ GERALD R FOX Phone no. ▶ 516-876-1900 Personal identification number (PIN) ▶ 86460

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature | Date | Your occupation: MANAGER | Daytime phone number

Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only

Print/Type preparer's name: GERALD R FOX | Preparer's signature | Date | Check ☐ if self-employed | PTIN [redacted]

Firm's name ▶ SILVERSTEIN & COMPANY | Firm's EIN ▶

Firm's address ▶ 126 GREENBELT LANE, LEVITTOWN, NY 11756 | Phone no. [redacted]

410002 12-31-14

Child Tax Credit Worksheet *(keep for your records)*

Name(s): First	Last	Your SSN
ALEXANDER A.	MORENO	[redacted]

Part 1

1. Number of qualifying children: 1 X $1,000. Enter the result. ..... 1 1,000.
2. Enter the amount from Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 37. ..... 2 50,608.
3. **1040 filers:** Enter the total of any-
   - Exclusion of income from Puerto Rico, and
   - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.

   1040A and 1040NR filers: Enter -0-. ..... 3 0.
4. Add lines 2 and 3. Enter the total. ..... 4 50,608.
5. Enter the amount shown below for your filing status.
   - Married filing jointly - $110,000
   - Single, head of household, or qualifying widow(er) - $75,000
   - Married filing separately - $55,000

   ..... 5 75,000.
6. Is the amount on line 4 more than the amount on line 5?
   - [X] **No.** Leave line 6 blank. Enter -0- on line 7.
   - [ ] **Yes.** Subtract line 5 from line 4. 6
     If the result is not a multiple of $1,000, increase it to the next multiple of $1,000 (for example, increase $425 to $1,000, increase $1,025 to $2,000, etc).
7. Multiply the amount on line 6 by 5% (.05). Enter the result. ..... 7 0.
8. Is the amount on line 1 more than the amount on line 7?
   - [ ] **No.** STOP
     You cannot take the child tax credit on Form 1040, line 52, Form 1040A, line 35, or Form 1040NR, line 49.
   - [X] **Yes.** Subtract line 7 from line 1. Enter the result. ..... 8 1,000.

Part 2

9. Enter the amount from Form 1040, line 47, Form 1040A, line 30, or Form 1040NR, line 45. ..... 9 4,396.
10. **1040 filers:** Enter the total of the amounts from lines 48 through 51.*
    1040A filers: Enter the total of the amounts from lines 31 through 34.
    1040NR filers: Enter the total of the amounts from lines 46 through 48.* ... 10
11. Are you claiming any of the following credits?
    - Residential energy efficient property credit, Form 5695, Part I.
    - Mortgage interest credit, Form 8396
    - Qualified adoption expenses, Form 8839
    - District of Columbia first-time homebuyer credit, Form 8859
    - [X] **No.** Enter the amount from line 10.
    - [ ] **Yes.** Complete the Line 11 Worksheet to figure the amount to enter here. 11
12. Subtract line 11 from line 9. Enter the result. ..... 12 4,396.
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
    - [X] **No.** Enter the amount from line 8.
    - [ ] **Yes.** Enter the amount from line 12.

    This is your child tax credit. ..... 13 1,000.

* Also include amounts from:
Form 5695, line 30
Form 8910, line 15
Form 8936, line 23
Schedule R, line 22

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12-30-14

SCHEDULE SE (Form 1040)
Department of the Treasury Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at *www.irs.gov/schedulese.*
▶ Attach to Form 1040 or Form 1040NR.

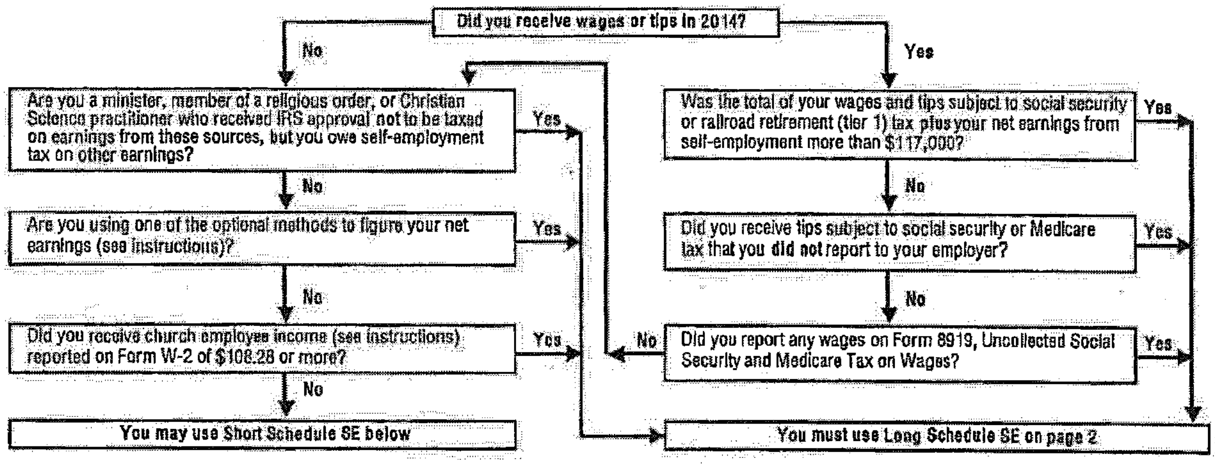
OMB No. 1545-0074
2014
Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of person with self-employment income ▶	
ALEXANDER A. MORENO		[redacted]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.


Did you receive wages or tips in 2014?
No
Yes
Are you a minister, member of a religious order, or Christian Science practitioner who received IRS approval not to be taxed on earnings from these sources, but you owe self-employment tax on other earnings?
Was the total of your wages and tips subject to social security or railroad retirement (tier 1) tax plus your net earnings from self-employment more than $117,000?
Are you using one of the optional methods to figure your net earnings (see instructions)?
Did you receive tips subject to social security or Medicare tax that you did not report to your employer?
Did you receive church employee income (see instructions) reported on Form W-2 of $108.28 or more?
Did you report any wages on Form 8919, Uncollected Social Security and Medicare Tax on Wages?
You may use Short Schedule SE below
You must use Long Schedule SE on page 2

Section A-Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report STMT 2	2	31,030.
3	Combine lines 1a, 1b, and 2	3	31,030.
4	Multiply line 3 by 92.35% (.9235). If less than $400, you do not owe self-employment tax; **do not** file this schedule unless you have an amount on line 1b ▶ **Note.** If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	28,656.
5	**Self-employment tax.** If the amount on line 4 is: • $117,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on **Form 1040, line 57,** or **Form 1040NR, line 55** • More than $117,000, multiply line 4 by 2.9% (.029). Then, add $14,508 to the result. Enter the total here and on **Form 1040, line 57,** or **Form 1040NR, line 55**	5	4,384.
6	**Deduction for one-half of self-employment tax.** Multiply line 5 by 50% (.50). Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27** — line 6: 2,192.		

LHA **For Paperwork Reduction Act Notice, see your tax return instructions.** **Schedule SE (Form 1040) 2014**

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10-22-14

Shared Responsibility Payment Worksheet

If you or another member of your tax household had neither minimum essential coverage nor a coverage exemption for any month during 2014, use the Shared Responsibility Payment Worksheet, below, to figure your shared responsibility payment. You will enter the amount from line 14 of the worksheet on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11.

Complete the monthly columns by placing "X's" in each month in which you or another member of your tax household had neither minimum essential coverage nor a coverage exemption.

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALEXANDER A. MORENO	X	X	X	X	X	X	X	X	X	X	X	X
[redacted]	X	X	X	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X	X	X	X
1. Total number of X's in a month. If 5 or more, enter 5	3	3	3	3	3	3	3	3	3	3	3	3
2. Total number of X's in a month for individuals 18 or over*	2	2	2	2	2	2	2	2	2	2	2	2
3. One-half the number of X's in a month for individuals under 18*	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5
4. Add lines 2 and 3 for each month	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5
5. Multiply line 4 by $95 for each month. If $285 or more, enter $285	238	238	238	238	238	238	238	238	238	238	238	238

36

6. Sum of the monthly amounts entered on line 1 ..... 50,608.
7. Enter your household income (see *Household income*, earlier) ..... 13,050.
8. Enter your filing threshold (see *Filing Thresholds For Most People*, later) ..... 37,558.
9. Subtract line 8 from line 7 ..... 376.
10. Multiply line 9 by 1% (.01) .....
11. Is line 10 more than $285? ..... 4,512.
    - [X] **Yes.** Multiply line 10 by the number of months for which line 1 is more than zero
    - [ ] **No.** Enter the amount from line 14 of the Flat Dollar Amount Worksheet

    376.
12. Divide line 11 by 12.0 ..... 7,344.
13. Multiply line 6 by $204** .....
14. Enter the smaller of line 12 or line 13 here and on Form 1040, line 61; Form 1040A, line 38; or Form 1040EZ, line 11. This is your shared responsibility payment ..... 376.

*For purposes of figuring the shared responsibility payment, an individual is considered under 18 for an entire month if he or she did not turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born. For example, someone born on March 1, 1999, is considered age 18 on March 1, 2017, and, therefore, is not considered age 18 for purposes of the shared responsibility payment until April 2017.

**$204 is the 2014 national average premium for a bronze level health plan available through the Marketplace for one individual and should not be changed.

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01-02-15

ALEXANDER A. MORENO [redacted]

FORM 1040	WAGES RECEIVED AND TAXES WITHHELD	STATEMENT 1

T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	EDWARD L GRANT CORP	21,770.	3,175.	1,084.	177.	1,350.	316.
	TOTALS	21,770.	3,175.	1,084.	177.	1,350.	316.

SCHEDULE SE	NON-FARM INCOME	STATEMENT 2

DESCRIPTION	AMOUNT
EDWARD L GRANT CORP	31,030.
TOTAL TO SCHEDULE SE, LINE 2	31,030.

New York State Department of Taxation and Finance

Resident Income Tax Return

IT-201

2014

New York State • New York City • Yonkers

For the full year January 1, 2014, through December 31, 2014, or fiscal year beginning ...
and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
ALEXANDER	A	MORENO		[redacted]
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number

Mailing address (see instructions, page 12) (number and street or PO Box)	Apartment number	New York State county of residence
62 PRISCILLA AVENUE		WEST

City, village, or post office	State	ZIP code	Country (if not United States)	School district name
YONKERS	NY	10710		YONKERS

Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)	Apartment number	School district code number
		715

City, village, or post office	State	ZIP code	Decedent information: Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			

A Filing status *(mark an X in one box):*

① ☐ Single
② ☐ Married filing joint return *(enter spouse's social security number above)*
③ ☐ Married filing separate return *(enter spouse's social security number above)*
④ ☒ Head of household *(with qualifying person)*
⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2014 federal income tax return? ...... Yes ☐ No ☒

C Can you be claimed as a dependent on another taxpayer's federal return? ...... Yes ☐ No ☒

D1 Did you have a financial account located in a foreign country? *(see page 13)* Yes ☐ No ☒

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze credit? *(see page 13)* .... Yes ☐ No ☒

(2) If Yes, enter the amount ... [ ] .00

D3 Did you receive a family tax relief credit? *(see page 13)* .... Yes ☐ No ☒

E (1) Did you or your spouse **maintain living quarters in NYC** during 2014? *(see pg 13)* Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2014 *(any part of a day spent in NYC is considered a day)* ...

F NYC residents and NYC part-year residents only *(see page 13)*:

(1) Number of months you lived in NYC in 2014 ....

(2) Number of months your spouse lived in NYC in 2014 ....

G Enter your **2-character special condition code if applicable** *(see page 13)* ....

If applicable, also enter your **second** 2-character special condition code ....

H Dependent exemption information *(see page 14)*

First name	MI	Last name	Relationship	Social security number	Date of birth *(mmddyyyy)*
[redacted]		[redacted]	[redacted]	[redacted]	

If more than 7 dependents, mark an X in the box. ☐

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For office use only

Your social security number [redacted]

Federal income and adjustments *(see page 14)*

		Line	Whole dollars only	
1	Wages, salaries, tips, etc.	1	21,770	00
2	Taxable interest income	2		00
3	Ordinary dividends	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes *(also enter on line 25)*	4		00
5	Alimony received	5		00
6	Business income or loss *(submit a copy of federal Schedule C or C-EZ, Form 1040)*	6		00
7	Capital gain or loss *(if required, submit a copy of federal Schedule D, Form 1040)*	7		00
8	Other gains or losses *(submit a copy of federal Form 4797)*	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ☐	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box ☐	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11 — 12 ______ 00			
13	Farm income or loss *(submit a copy of federal Schedule F, Form 1040)*	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits *(also enter on line 27)*	15		00
16	Other income (see page 14) *Identify:* EDWARD L GRANT CORP	16	31,030	00
17	Add lines **1 through 11** and **13 through 16**	17	52,800	00
18	Total federal adjustments to income (see page 14) *Identify:* SE TAX DEDUCTION	18	2,192	00
19	**Federal adjusted gross income** *(subtract line 18 from line 17)*	19	50,608	00

New York additions *(see page 15)*

		Line	Amount	
20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements *(see page 15)*	21		00
22	New York's 529 college savings program distributions *(see page 15)*	22		00
23	Other *(Form IT-225, line 9)*	23		00
24	Add lines 19 through 23	24	50,608	00

New York subtractions *(see page 16)*

		Line	Amount	
25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 16)	26		00
27	Taxable amount of social security benefits *(from line 15)*	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion *(see page 16)*	29		00
30	New York's 529 college savings program deduction/earnings	30		00
31	Other *(Form IT-225, line 18)*	31		00
32	Add lines 25 through 31	32		00
33	**New York adjusted gross income** *(subtract line 32 from line 24)*	33	50,608	00

Standard deduction or itemized deduction *(see page 18)*

34 Enter your **standard deduction** *(table on page 18)* or your **itemized deduction** *(from Form IT-201-D)*
Mark an X in the appropriate box: ☒ **Standard** - or - ☐ **Itemized**

		Line	Amount	
34	Standard or itemized deduction	34	10,950	00
35	Subtract line 34 from line 33 *(if line 34 is more than line 33, leave blank)*	35	39,658	00
36	Dependent exemptions *(enter the number of dependents listed in item H; see page 18)*	36	1 000	00
37	**Taxable income** *(subtract line 36 from line 35)*	37	38,658	00

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10-27-14

Name(s) as shown on page 1: ALEXANDER A MORENO

Your social security number: [redacted]

IT-201 (2014) Page 3 of 4

Tax computation, credits, and other taxes *(see page 19)*

Line	Description	Box	Amount
38	**Taxable income** *(from line 37 on page 2)*	38	38,658 00
39	NYS tax on line 38 amount *(see page 19 and* Tax computation on *pages 51, 52, and 53)*	39	1,998 00
40	NYS household credit *(page 19, table 1, 2, or 3)*	40	00
41	Resident credit *(see page 20)*	41	00
42	Other NYS nonrefundable credits *(Form IT-201-ATT, line 7)*	42	00
43	Add lines 40, 41, and 42	43	00
44	Subtract line 43 from line 39 *(if line 43 is more than line 39, leave blank)*	44	1,998 00
45	Net other NYS taxes *(Form IT-201-ATT, line 30)*	45	00
46	**Total New York State taxes** *(add lines 44 and 45)*	46	1,998 00

New York City and Yonkers taxes, credits, and tax surcharges

Line	Description	Box	Amount
47	NYC resident tax on line 38 amount *(see page 20)*	47	00
48	NYC household credit *(page 20, table 4, 5, or 6)*	48	00
49	Subtract line 48 from line 47 *(if line 48 is more than line 47, leave blank)*	49	00
50	Part-year NYC resident tax *(Form IT-360.1)*	50	00
51	Other NYC taxes *(Form IT-201-ATT, line 34)*	51	00
52	Add lines 49, 50, and 51	52	00
53	NYC nonrefundable credits *(Form IT-201-ATT, line 10)*	53	00
54	Subtract line 53 from line 52 *(if line 53 is more than line 52, leave blank)*	54	00
55	Yonkers resident income tax surcharge *(see page 22)*	55	335 00
56	Yonkers nonresident earnings tax *(Form Y-203)*	56	00
57	Part-year Yonkers resident income tax surcharge *(Form IT-360.1)*	57	00
58	**Total New York City and Yonkers taxes / surcharges** *(add lines 54 through 57)*	58	335 00
59	**Sales or use tax** *(see page 23; **do not leave line 59 blank**)*	59	0 00

See instructions on pages 20, 21, and 22 to compute New York City and Yonkers taxes, credits, and tax surcharges.

STATEMENT 1

Voluntary contributions *(see page 24)*

Line	Description	Box	Amount
60a	Return a Gift to Wildlife	60a	00
60b	Missing/Exploited Children Fund	60b	00
60c	Breast Cancer Research Fund	60c	00
60d	Alzheimer's Fund	60d	00
60e	Olympic Fund *($2 or $4; see page 24)*	60e	00
60f	Prostate and Testicular Cancer Research and Education Fund	60f	00
60g	9/11 Memorial	60g	00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	00
60i	Teen Health Education	60i	00
60j	Veterans Remembrance	60j	00
60	**Total voluntary contributions** *(add lines 60a through 60j)*	60	00
61	**Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions** *(add lines 46, 58, 59, and 60)*	61	2,333 00

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466003
10-27-14

Your social security number [redacted]

Line	Description	Box	Amount
62	Enter amount from line 61	62	2,333 00

Payments and refundable credits (see page 25)

Line	Description	Box	Amount
63	Empire State child credit	63	00
64	NYS/NYC child and dependent care credit	64	00
65	NYS earned income credit (EIC)	65	00
66	NYS noncustodial parent EIC	66	00
67	Real property tax credit	67	00
68	College tuition credit	68	00
69	NYC school tax credit (also complete F on page 1; see page 25)	69	00
70	NYC earned income credit	70	00
70a	NYC enhanced real property tax credit	70a	00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	00
72	**Total New York State** tax withheld	72	1,084 00
73	**Total New York City** tax withheld	73	00
74	**Total Yonkers** tax withheld	74	177 00
75	Total estimated tax payments and amount paid with Form IT-370	75	00
76	**Total payments** (add lines 63 through 75)	76	1,261 00

Submit your wage and tax statements with your return (see page 27).

Your refund, amount you owe, and account information (see pages 27 through 30)

77 **Amount overpaid** (if line 76 is *more than* line 62, subtract line 62 from line 76) 77 ___ 00

78 Amount of line 77 to be **refunded**
Mark one refund choice: ☐ direct deposit (fill in line 83) -or- ☐ debit card -or- ☐ paper check 78 ___ 00

79 Amount of line 77 that you want applied to your **2015** estimated tax (see instructions) 79 ___ 00

See pages 27 and 28 for information about your three refund choices.

80 Amount you owe (if line 76 is *less than* line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return 80 1,072 00

See page 29 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 28) 81 ___ 00

82 Other penalties and interest (see page 29) 82 ___ 00

See page 31 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 29).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 29) ☐

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number ___ 83c Account number ___

84 Electronic funds withdrawal (see page 30) Date ___ Amount ___ 00

Third-party designee? (see instr.) Yes [X] No ☐
Print designee's name: GERALD R FOX
Designee's phone number: 516-876-1900
E-mail: SILVERSTEIN.COMP@YAHOO.COM
Personal identification number (PIN): 86460

▼ **Paid preparer must complete** (see instr.) ▼
Date:
Preparer's signature:
Preparer's NYTPRIN: 10051818
Firm's name (or yours, if self-employed): SILVERSTEIN & COMPANY
Preparer's PTIN or SSN: P01203579
Address: 126 GREENBELT LANE
LEVITTOWN, NY 11756
Employer identification number:
NYTPRIN excl. code:
E-mail: SILVERSTEIN.COMP@YAHOO.COM

▼ **Taxpayer(s) must sign here** ▼
Your signature:
Your occupation: MANAGER
Spouse's signature and occupation (if joint return):
Date:
Daytime phone number:
E-mail:

See instructions for where to mail your return.

201004141019

468004 10-27-14

New York State Department of Taxation and Finance

2014 Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State • New York City • Yonkers

Name(s) as shown on return	Identification number (SSN or EIN)
ALEXANDER A MORENO	[redacted]

Part 1 - All filers must complete this part *(see instructions, Form IT-2105.9-I, for assistance)*

Line	Description	Box	Amount	Box	Amount
1	Total tax from your 2014 return before withholding and estimated tax payments *(caution: see instructions)*			1	2,333.00
2	Empire State child credit *(from Form IT-201, line 63)*	2	.00		
3	NYS/NYC child and dependent care credit *(from Form IT-201, line 64)*	3	.00		
4	NY State earned income credit (EIC) *(from Form IT-201, line 65)*	4	.00		
5	NY State noncustodial parent EIC *(from Form IT-201, line 66)*	5	.00		
6	Real property tax credit *(from Form IT-201, line 67)*	6	.00		
7	College tuition credit *(from Form IT-201, line 68)*	7	.00		
7a	Property tax freeze credit *(see instructions)*	7a	.00		
7b	Family tax relief credit *(see instructions)*	7b	.00		
8	NY City school tax credit *(from Form IT-201, line 69, or Form IT-203, line 60)*	8	.00		
9	NY City earned income credit *(from Form IT-201, line 70)*	9	.00		
9a	NY City enhanced real property tax credit *(from Form IT-201, line 70a)*	9a	.00		
10	Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 38)	10	.00		
11	Add lines 2 through 10			11	.00
12	Current year tax *(subtract line 11 from line 1)*			12	2,333.00
13	Multiply line 12 by 90% (.90)	13	2,100.00		
14	Income taxes withheld (from Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36)			14	1,261.00
15	Subtract line 14 from line 12. If the result is less than $300, **do not** complete the rest of this form *(see instructions)*			15	1,072.00
16	Enter your 2013 tax *(caution: see instructions)*			16	0.00
17	Enter the smaller of line 13 or line 16 2013 TAX <= LN 12; NO PENALTY			17	.00

Part 2 - Short method for computing the penalty

Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete *Part 3 - Regular method.*

Line	Description	Box	Amount	Box	Amount
18	Enter the amount from line 14 above	18	.00		
19	Enter the total amount of estimated tax payments you made	19	.00		
20	Add lines 18 and 19			20	.00
21	**Total underpayment for year.** Subtract line 20 from line 17 *(if zero or less, you do not owe the penalty)*			21	.00
22	Multiply line 21 by .04985 and enter the result			22	.00
23	If the amount on line 21 was paid **on or after** April 15, 2015, enter *0*. If the amount on line 21 was paid **before** April 15, 2015, make the following computation to find the amount to enter on this line: Amount on line 21 x number of days paid before April 15, 2015 x .00020 =			23	.00
24	**Penalty.** Subtract line 23 from line 22. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.			24	.00

Part 3 - Regular method - Schedule A - Computing your underpayment *(Schedule B is on page 2)*

Payment due dates		A 4/15/14	B 6/15/14	C 9/15/14	D 1/15/15
25 Required installments. Enter ¼ of line 17 in each column. *(If you used the annualized income installment method, see instructions.)*	25	.00	.00	.00	.00
26 Estimated tax paid and tax withheld *(see instructions)*	26	.00	.00	.00	.00
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27		.00	.00	.00
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26	28	.00	.00	.00	.00
29 Underpayment *(subtract line 28 from line 25)* or overpayment *(subtract line 25 from line 28)*	29	.00	.00	.00	.00

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468051
11-24-14

Part 3 - Regular method - Schedule B - Computing the penalty

Payment due dates	A 4/15/14	B 6/15/14	C 9/15/14	D 1/15/15
30 Amount of underpayment *(from line 29)*	30 .00	.00	.00	.00

First installment (April 15 - June 15, 2014)

31 April 15 - June 15 =

(61 ÷ 365) x 7.5% = .01253

- or -

April 15 - ________ =
(☐ ÷ 365) x 7.5% = ☐ 31

32 Multiply line 30, column A by line 31 .... 32 .00

Second installment (June 15 - September 15, 2014)

33 June 15 - September 15 = (92 ÷ 365) x 7.5% = .01890

- or -

June 15 - ________ = (☐ ÷ 365) x 7.5% = ☐ 33

34 Multiply line 30, column B by line 33 .... 34 .00

Third installment (September 15, 2014 - January 15, 2015)

35 September 15 - January 15 = (122 ÷ 365) x 7.5% = .02506

- or -

September 15 - ________ = (☐ ÷ 365) x 7.5% = ☐ 35

36 Multiply line 30, column C by line 35 .... 36 .00

Fourth installment (January 15 - April 15, 2015)

37 January 15 - April 15 = (90 ÷ 365) x 7.5% = .01848

- or -

January 15 - ________ = (☐ ÷ 365) x 7.5% = ☐ 37

38 Multiply line 30, column D by line 37 .... 38 .00

39 **Penalty.** Add lines 32, 34, 36, and 38. Enter here and on Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42 .... 39 .00

Submit this form with your New York State return.

059002141019

ALEXANDER A. MORENO [redacted]

NY IT-201 YONKERS WORKSHEET STATEMENT 1

A.	AMOUNT FROM FORM IT-201, LINE 46		1,998
B.	AMOUNT FROM FORM IT-213, LINE 16	0	
C.	AMOUNT FROM FORM IT-214, LINE 33	0	
D.	AMOUNT FROM FORM IT-216, LINE 14	0	
E.	AMOUNT FROM FORM IT-215, LINE 16	0	
F.	AMOUNT FROM FORM IT-209, LINE 42 OR LINE 32	0	
G.	IF ELECTED TO CLAIM COLLEGE TUITION CREDIT, AMOUNT FROM FORM IT-272, LINE 5 OR 7	0	
H.	FAMILY TAX RELIEF CREDIT	0	
I.	PROPERTY TAX FREEZE CREDIT	0	
J.	AMOUNT FROM FORM IT-201-ATT, LINE 13	0	
K.	ADD LINES B THROUGH J		0
L.	SUBTRACT LINE K FROM LINE A		1,998
M.	YONKERS RESIDENT TAX RATE		0.1675
N.	MULTIPLY LINE L BY LINE M. ENTER ON FORM IT-201, LINE 55		335

EXHIBIT I

Form W-2 Wage and Tax Statement 2014 — EMPLOYER REFERENCE COPY - DO NOT FILE

a Control number 0[redacted]7 00[redacted]	Void	c Employer's name, address, and ZIP code: EDWARD L GRANT CORP, 1415 EDWARD L GRANT HWY, BRONX NY 10452
b Employer's identification number [redacted]	d Employee's social security number [redacted]	
13 Statutory employee / Retirement plan / Third-party sick pay		
12 See instrs. for box 12	14 Other: NYSDI 11.40	e Employee's name, address, and ZIP code: ALEX MORENO, 62 PRISCILLA AVENUE, YONKERS NY 10710

Department of the Treasury - Internal Revenue Service, OMB No. 1545-0008

1 Wages, tips, other compensation: 21770.00	2 Federal income tax withheld: 3175.34
3 Social security wages: 21770.00	4 Social security tax withheld: 1349.74
5 Medicare wages and tips: 21770.00	6 Medicare tax withheld: 315.67
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	

15 State	Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	273373023	21770.00	1084.41	21770.00	177.10	NY YONKERS

1-15008087

12/07/2015 3:28PM

EXHIBIT J

12/7/2015 04:15 PM Page: 12

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX, NY 10452

OMB No. 1545-0115 — **2014** — Form 1099-MISC — **Miscellaneous Income**

Copy B For Recipient

Field	Value
PAYER'S federal identification number	[redacted]
RECIPIENT'S identification number	[redacted]
RECIPIENT'S name	ALEXANDER A MORENO
Street address (including apt. no.)	62 PRISCILLA AVENUE
City or town, state or province, country, and ZIP or foreign postal code	YONKERS,NY 10710
Account number (see instructions)	
1 Rents	$
2 Royalties	$
3 Other income	$
4 Federal income tax withheld	$
5 Fishing boat proceeds	$
6 Medical and health care payments	$
7 Nonemployee compensation	$ 31030.00
8 Substitute payments in lieu of dividends or interest	$
9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	
10 Crop insurance proceeds	$
11	
12	
13 Excess golden parachute payments	$
14 Gross proceeds paid to an attorney	$
15a Section 409A deferrals	$
15b Section 409A income	$
16 State tax withheld	$ / $
17 State/Payer's state no.	
18 State income	$ / $

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

OMB No. 1545-0115 — **2014** — Form 1099-MISC — **Miscellaneous Income**

Copy B For Recipient

Field	Value
PAYER'S federal identification number	
RECIPIENT'S identification number	
RECIPIENT'S name	
Street address (including apt. no.)	
City or town, state or province, country, and ZIP or foreign postal code	
Account number (see instructions)	
1 Rents	$
2 Royalties	$
3 Other income	$
4 Federal income tax withheld	$
5 Fishing boat proceeds	$
6 Medical and health care payments	$
7 Nonemployee compensation	$
8 Substitute payments in lieu of dividends or interest	$
9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	
10 Crop insurance proceeds	$
11	
12	
13 Excess golden parachute payments	$
14 Gross proceeds paid to an attorney	$
15a Section 409A deferrals	$
15b Section 409A income	$
16 State tax withheld	$ / $
17 State/Payer's state no.	
18 State income	$ / $

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

12/07/2015 3:28PM (GMT-06:00)

EXHIBIT K

ALEXANDER A. MORENO
62 Priscilla Avenue
Yonkers, NY 10710

December 4, 2015

Gross Polowy LLC
90 Merchants Concourse
Westbury, NY 11590
Attn: Dennis Jose, Esq.

Re: Alexander A. Moreno
Case No 14-22955-rdd

Dear Mr. Jose:

My accountant initially issued me a 2014 W-2 Form that stated the incorrect income I received in 2014. Due to the change in my employment status in 2014, his office improperly issued the Form W-2 showing the incorrect amount of income I received as a W-2 employee. Upon learning of this mistake, a revised W-2 Form was issued by my accountant showing the correct income amount as well as a 1099 Form for 2014 for income I received prior to my employment status having been changed. These amounts are properly reflected on my filed 2014 personal income tax return.

Very truly yours,

Alexander A. Moreno

ALEXANDER A. MORENO
62 Priscilla Avenue
Yonkers, NY 10710

December 4, 2015

Gross Polowy LLC
90 Merchants Concourse
Westbury, NY 11590
Attn: Dennis Jose, Esq.

Re: Alexander A. Moreno
Case No 14-22955-rdd

Dear Mr. Jose:

My employment status changed in 2014 from that of a 1099 employee to a W-2 wage earner employee due to my promotion to General Manager of Edward L. Grant Corp. Due to this promotion, I received income in 2014 both on a 1099 basis and on a W-2 basis. This is why my 2014 income tax return reflects both types of income as reported on page 1 of my tax return.

Very truly yours,

Alexander A. Moreno

EXHIBIT L

SILVERSTEIN & COMPANY
A Professional Services Firm
PO BOX 245
JERICHO, NEW YORK 11753
Serving the Business Community for Over Fifty Years
TEL (516) 876-1900
FAX (516) 876-1940

Gerald R. Fox, CPTx

January 15, 2016

To Whom It May Concern:

We are the accountants Edward L Grant Corp. The new payroll company Benefits Mall put $13,000 as commission for Alex Moreno in 2015. This has been corrected and he is currently on payroll. His hire date is September 2, 2010 with Edward L. Grant Corp.

If you need further information please contact me at number above.

Respectfully submitted,
Gerald R Fox

Gerald R. Fox
GRF: nz

EXHIBIT M

03/10/2016 13:52 PM

Page: 4

CORRECTED (if checked)

2015 Form 1099-MISC — **Miscellaneous Income** — OMB No. 1545-0115

Field	Value
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	EDWARD L GRANT CORP 1413 EDWARD L GRANT HWY BRONX, NY 10452
PAYER'S federal identification number	[redacted]
RECIPIENT'S identification number	[redacted]
RECIPIENT'S name	ALEXANDER A MORENO
Street address (including apt. no.)	62 PRISCILLA AVENUE
City or town, state or province, country, and ZIP or foreign postal code	YONKERS,NY 10710
Account number (see instructions)	
FATCA filing requirement	☐
1 Rents	$
2 Royalties	$
3 Other income	$
4 Federal income tax withheld	$
5 Fishing boat proceeds	$
6 Medical and health care payments	$
7 Nonemployee compensation	$ 86100.00
8 Substitute payments in lieu of dividends or interest	$
9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶	☐
10 Crop insurance proceeds	$
11	
12	
13 Excess golden parachute payments	$
14 Gross proceeds paid to an attorney	$
15a Section 409A deferrals	$
15b Section 409A income	$
16 State tax withheld	$ $
17 State/Payer's state no.	
18 State income	$ $

Copy B For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

2015 Form 1099-MISC — **Miscellaneous Income** — OMB No. 1545-0115

Field	Value
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	
PAYER'S federal identification number	
RECIPIENT'S identification number	
RECIPIENT'S name	
Street address (including apt. no.)	
City or town, state or province, country, and ZIP or foreign postal code	
Account number (see instructions)	
FATCA filing requirement	☐
1 Rents	$
2 Royalties	$
3 Other income	$
4 Federal income tax withheld	$
5 Fishing boat proceeds	$
6 Medical and health care payments	$
7 Nonemployee compensation	$
8 Substitute payments in lieu of dividends or interest	$
9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶	☐
10 Crop insurance proceeds	$
11	
12	
13 Excess golden parachute payments	$
14 Gross proceeds paid to an attorney	$
15a Section 409A deferrals	$
15b Section 409A income	$
16 State tax withheld	$ $
17 State/Payer's state no.	
18 State income	$ $

Copy B For Recipient

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-MISC (keep for your records) www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

03/10/2016 12:54PM (GMT-06:00)

EXHIBIT N

EDWARD L GRANT CORP
1413 Edward L Grant Hwy
Bronx NY 10452
Tel-718-293-5013 fax-718-293-0114
Email: morenogetty@optonline.net

03/09/2016

To Whom It May Concern:

This letter is to inform you that Alexander Moreno is currently employed bye our company and has been employed bye our company since 2010 he is currently general manager and will be general manager till we own this location he will only escalate in his position and currently makes the sum of one hundred thousand dollars a year which will also go up Mr. Moreno is a very important asset to our company and if we have to help or pay any bills for him do to his financial troubles we will. If you have any questions regarding this matter please do not hesitate to contact us at your earliest convenience thank you

SINCERELY YOURS

EXHIBIT O

Alexander Moreno
62 Priscilla Ave
Yonkers NY 10710

03/16/2016

To Whom It May Concern:

This is to inform you that whenever I pass my quota or get a bonus for the month or year of 2016 it will be 1099 form besides my salary. If you have any further questions please do not hesitate to contact me at your earliest convenience thank you for your time. I get paid weekly and I expect my income will continue throughout 2016.

SINCERELY YOURS

EXHIBIT P

Alex Moreno
PROFIT & LOSS STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2015

INCOME

INCOME	$100,094

EXPENSES:

Repairs & maintenance	1,500
Utilities & Water	4,000
Insurance	1,400
Telephone	840
Bank Charges	800
Equipment Lease	
Professional fees	5,850
All other	4,450
TOTAL EXPENSES	18,840
NET INCOME	$81,254

X [signature]
Alex Moreno

Date 03-27-16

EXHIBIT Q

02/04/2009 08:52 6317582304 PAGE 35/65

07/15/2014 18:47 FAX 001/008

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
FE ID: 8

07/17/2014 10146
DATE CHECK NO

Payrolls by Paychex, Inc.

PAY TO THE ORDER OF

ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1066.46
AMOUNT

ONE THOUSAND SIXTY SIX AND 46/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈0000010146⑈ ⑆028013673⑆ 427480 2028⑈

FOLD AND REMOVE FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710

[redacted]

Pay Period: 07/07/14 to 07/13/14
Check Date: 07/17/14 Check #: 10146

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1066.46	9418.34
NET PAY	1066.46	9418.34

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
Salary			1600.00		14100.00
EARNINGS			1600.00		14100.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
Social Security		99.20	874.20
Medicare		23.20	204.45
Fed Income Tax	S 0	309.50	2710.50
NY Income Tax	S 0	87.86	771.39
NY Disability		0.60	5.40
NY YNKRS Inc	S 0	13.18	115.72
TOTAL		533.54	4681.66

NET PAY

THIS PERIOD ($)	YTD ($)
1066.46	9418.34

Payrolls by Paychex, Inc.

0018 1500-8087 Edward L Grant Corp • 1413 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-3013

08/26/2014 6:12PM (GMT-05:00)

02/04/2009 08:52 6317582304 PAGE 32/65

p.3

THE FACE OF THIS DOCUMENT CONTAINS MICROPRINTING • THE BACKGROUND COLOR CHANGES GRADUALLY AND EVENLY FROM DARKER TO LIGHTER WITH THE DARKER AREA AT THE TOP

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
EE ID: 6

01-1307
260

08/28/2014 DATE

10155 CHECK NO.

Payrolls by Paychex, Inc.

PAY TO THE ORDER OF

ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1194.94 AMOUNT

ONE THOUSAND ONE HUNDRED NINETY FOUR AND 94/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈000010155⑈ ⑆026013673⑆ 4274802028⑈

TO VERIFY AUTHENTICITY OF THIS DOCUMENT THE BACK CONTAINS HEAT SENSITIVE INK THAT CHANGES FROM BLUE TO CLEAR AND ALSO CONTAINS AN ARTIFICIAL WATERMARK WHICH CAN BE VIEWED WHEN HELD AT AN ANGLE

FOLD AND REMOVE FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710
[redacted]

Pay Period: 07/28/14 to 08/03/14
Check Date: 08/28/14 Check #: 10155

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1194.94	13493.19
NET PAY	1194.94	13493.19

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
Salary			1650.00		10050.00
EARNINGS			1650.00		10050.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
Social Security		102.30	1181.10
Medicare		23.93	276.23
Fed Income Tax	S 5	227.04	2936.80
NY Income Tax	S 5	84.89	998.30
NY Disability		0.60	7.20
NY YNKRS Inc	S 5	16.30	180.18
TOTAL		455.06	5556.81

NET PAY	THIS PERIOD ($)	YTD ($)
	1194.94	13493.19

Payrolls by Paychex, Inc.

0018 1500-8087 Edward L Grant Corp • 1413 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-5013

08/26/2014 6:12PM (GMT-05:00)

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p.4

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
EE ID: 8

01-1357
260

08/28/2014
DATE

10154
CHECK NO.

Payrolls by Paychex, Inc.

PAY TO THE ORDER OF

ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1194.95
AMOUNT

ONE THOUSAND ONE HUNDRED NINETY FOUR AND 95/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈0000010154⑈ ⑆026013673⑆ 427480202 8⑈

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FOLD AND REMOVE FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710

[redacted]

Pay Period: 07/21/14 to 07/27/14
Check Date: 08/28/14 Check #: 10154

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1194.95	12298.25
NET PAY	1194.95	12298.25

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
Salary			1650.00		17400.00
EARNINGS			1650.00		17400.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
Social Security		102.30	1078.80
Medicare		23.92	252.30
Fed Income Tax	S 5	227.04	2708.75
NY Income Tax	S 5	84.89	911.41
NY Disability		0.60	6.60
NY YNKRS Inc	S 5	16.30	143.88
TOTAL		455.05	5101.75

NET PAY	THIS PERIOD ($)	YTD ($)
	1194.95	12298.25

Payrolls by Paychex, Inc.

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08/26/2014 6:12PM (GMT-05:00)

02/04/2009 00:52 6317582304

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p.5

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
EE ID: 8

08/28/2014 10153
DATE CHECK NO.

PAY TO THE ORDER OF

ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1194.94
AMOUNT

ONE THOUSAND ONE HUNDRED NINETY FOUR AND 94/100 .... DOLLARS

TD BANK

AUTHORIZED SIGNATURE

⑈000010153⑈ ⑆026013673⑆ 4271802028⑈

Payrolls by Paychex, Inc.

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710

[redacted]

Pay Period: 07/14/14 to 07/20/14
Check Date: 08/28/14 Check #: 10153

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1194.94	11103.30
NET PAY	1194.94	11103.30

FOLD AND REMOVE

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
Salary			1650.00		15750.00
EARNINGS			1650.00		15750.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
Social Security		102.30	976.50
Medicare		23.93	228.38
Fed Income Tax	S 5	227.04	2481.72
NY Income Tax	S 5	84.89	826.52
NY Disability		0.60	6.00
NY YNKRS Inc	S 5	16.30	127.58
TOTAL		455.06	4646.70

NET PAY	THIS PERIOD ($)	YTD ($)
	1194.94	11103.30

Payrolls by Paychex, Inc.

0918 1500-8087 Edward L Grant Corp • 1413 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-3013

08/26/2014 6:12PM (GMT-05:00)

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11/20/2014 09:39 AM Page: 9
04/29/2009 00:25 6317582304 PAGE 08/08

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
EE ID: 8

DATE	CHECK NO.
11/17/2014	10164

PAY TO THE ORDER OF
ALEX MORENO
52 PRISCILLA AVENUE
YONKERS NY 10710

$1174.06

ONE THOUSAND ONE HUNDRED SEVENTY FOUR AND 06/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈0000010164⑈ ⑆026013673⑆ 427480 2028⑈

FOLD AND REMOVE — FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
52 Priscilla Avenue
Yonkers, NY 10710

[redacted]

Pay Period: 11/03/14 to 11/09/14
Check Date: 11/17/14 Check #: 10164

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1174.06	21762.35
NET PAY	1174.06	21762.35

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
Hourly					1700.00
Salary			1615.00		28740.00
EARNINGS			1615.00		30440.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
Social Security		100.13	1887.28
Medicare		23.42	441.38
Fed Income Tax	S 5	218.29	4485.08
NY Income Tax	S 5	82.63	1590.19
NY Disability		0.60	11.40
NY YNKRS Inc	S 5	15.87	272.32
TOTAL		440.94	8677.65

NET PAY	THIS PERIOD ($)	YTD ($)
	1174.06	21762.35

Payrolls by Paychex, Inc.

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11/20/2014 8:41AM (GMT-06:00)

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EDWARD L GRANT CORP.
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
EE ID: 8

DATE	CHECK NO.
11/17/2014	10163

PAY TO THE ORDER OF

ALEX MORENO
82 PRISCILLA AVENUE
YONKERS NY 10710

$1174.07

AMOUNT

ONE THOUSAND ONE HUNDRED SEVENTY FOUR AND 07/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈0000010163⑈ ⑆026013673⑆ 4274802028⑈

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PERSONAL AND CHECK INFORMATION
Alex Moreno
82 Priscilla Avenue
Yonkers, NY 10710

[redacted]

Pay Period: 10/27/14 to 11/02/14
Check Date: 11/17/14 Check #: 10163

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1174.07	20588.29
NET PAY	1174.07	20588.29

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
Hourly					1700.00
Salary			1615.00		27125.00
EARNINGS			1615.00		28825.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
Social Security		100.13	1787.15
Medicare		23.41	417.96
Fed Income Tax	S 5	218.29	4266.78
NY Income Tax	S 5	82.53	1497.56
NY Disability		0.60	10.50
NY YNKRS Inc	S 5	15.97	266.45
TOTAL		440.93	8236.71

NET PAY

	THIS PERIOD ($)	YTD ($)
NET PAY	1174.07	20588.29

Payrolls by Paychex, Inc.

0078 1500-8087 Edward L Grant Corp • 1413 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-5013

11/20/2014 8:41AM (GMT-05:00)

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EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
EE ID 8

11/17/2014 10162

PAY TO THE ORDER OF ALEX MORENO
52 PRISCILLA AVENUE
YONKERS NY 10710

$1174.06

ONE THOUSAND ONE HUNDRED SEVENTY FOUR AND 06/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈000010162⑈ ⑆026013673⑆ 4274802028⑈

Payrolls by Paychex, Inc.

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION

Alex Moreno
52 Priscilla Avenue
Yonkers, NY 10710

[redacted]

Pay Period: 10/20/14 to 10/26/14
Check Date: 11/17/14 Check #: 10162

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1174.06	19414.22
NET PAY	1174.06	19414.22

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
	Hourly					1700.00
	Salary			1615.00		25510.00
	EARNINGS			1615.00		27210.00

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
	Social Security		100.13	1687.02
	Medicare		23.42	394.55
	Fed Income Tax	S 5	218.29	4048.50
	NY Income Tax	S 5	82.53	1414.93
	NY Disability		0.60	10.20
	NY YNKRS Inc	S 5	15.87	240.58
	TOTAL		440.94	7795.78

NET PAY	THIS PERIOD ($)	YTD ($)
	1174.06	19414.22

Payrolls by Paychex, Inc.

0018 1500-8087 Edward L Grant Corp · 1413 Edward L Grant Hwy · Bronx NY 10452 · (718) 293-5013

11/20/2014 8:41AM (GMT-05:00)

EDWARD L GRANT CORP.
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
EE ID: 8

11/17/2014	10161
DATE	CHECK NO.

PAY TO THE ORDER OF

ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1174.06

AMOUNT

ONE THOUSAND ONE HUNDRED SEVENTY FOUR AND 06/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈000010161⑈ ⑆026013673⑆ 4274802028⑈

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FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710

S[redacted]

Pay Period: 10/13/14 to 10/19/14
Check Date: 11/17/14 Check #: 10161

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1174.06	18240.16
NET PAY	1174.06	18240.16

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
	Hourly					1700.00
	Salary			1615.00		23895.00
	EARNINGS			1615.00		25595.00

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
	Social Security		100.13	1586.89
	Medicare		23.42	371.13
	Fed Income Tax	S 5	218.29	3830.21
	NY Income Tax	S 5	82.63	1332.30
	NY Disability		0.60	9.60
	NY YNKRS Inc	S 5	15.87	224.71
	TOTAL		440.94	7354.84

NET PAY	THIS PERIOD ($)	YTD ($)
	1174.06	18240.16

Payrolls by Paychex, Inc.

0919 1500-8087 Edward L Grant Corp • 1413 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-5013

11/20/2014 8:41AM (GMT-06:00)

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EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8067
Company
EE ID: 8

11/17/2014 | 10160

PAY TO THE ORDER OF
ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1174.08

ONE THOUSAND ONE HUNDRED SEVENTY FOUR AND 08/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈00000 10160⑈ ⑆026013673⑆ 4274802028⑈

FOLD AND REMOVE

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710
[redacted]

Pay Period: 10/06/14 to 10/12/14
Check Date: 11/17/14 Check #: 10160

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1174.08	17086.10
NET PAY	1174.08	17086.10

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
Hourly					1700.00
Salary			1616.00		22289.00
EARNINGS			1616.00		23989.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
Social Security		100.13	1486.76
Medicare		23.42	347.71
Fed Income Tax	S 5	218.29	3811.92
NY Income Tax	S 5	82.53	1249.67
NY Disability		0.60	9.00
NY YNKRS Inc	S 5	15.87	208.84
TOTAL		440.94	6913.90

NET PAY	THIS PERIOD ($)	YTD ($)
	1174.08	17086.10

Payrolls by Paychex, Inc.

0016 1500-8067 Edward L Grant Corp • 1413 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-5013

11/20/2014 8:41AM (GMT-06:00)

11/20/2014 09:39 AM
04/29/2009 00:25 6317562304 Page: 4
PAGE 03/08

EDWARD L GRANT CORP.
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-8087
Company
EE ID:6

11/17/2014 | 10159
DATE | CHECK NO.

Payrolls by Paychex, Inc.

PAY TO THE ORDER OF

ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1174.07
AMOUNT

ONE THOUSAND ONE HUNDRED SEVENTY FOUR AND 07/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈0000010159⑈ ⑆026013673⑆ 4274802028⑈

FOLD AND REMOVE

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710
[redacted]

Pay Period: 09/29/14 to 10/05/14
Check Date: 11/17/14 Check #: 10159

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1174.07	15892.04
NET PAY	1174.07	15892.04

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
	Hourly					1700.00
	Salary			1615.00		20665.00
	EARNINGS			1615.00		22365.00

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
	Social Security		100.13	1380.63
	Medicare		23.41	324.29
	Fed Income Tax	S 5	218.29	3393.63
	NY Income Tax	S 5	82.63	1167.04
	NY Disability		0.60	8.40
	NY YNKRS Inc	S 5	15.87	182.97
	TOTAL		440.93	6472.96

NET PAY	THIS PERIOD ($)	YTD ($)
	1174.07	15892.04

Payrolls by Paychex, Inc.

0018 1500-8087 Edward L Grant Corp • 1413 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-5013

11/20/2014 8:41AM (GMT-06:00)

EXHIBIT S

22222 | Void | a Employee's social security number [redacted]

For Official Use Only ▶
OMB No. 1545-0008

b Employer identification number [redacted]	1 Wages, tips, other compensation 13,800.00	2 Federal income tax withheld 1,380.00
c Employer's name, address, and ZIP code EDWARD L GRANT CORP 1413 EDWARD L GRANT HWY BRONX, NY 10452	3 Social security wages 13,800.00	4 Social security tax withheld 855.60
	5 Medicare wages and tips 13,800.00	6 Medicare tax withheld 200.10
	7 Social security tips	8 Allocated tips
d Control number 1	9	10 Dependent care benefits
e Employee's first name and initial: ALEX / Last name: MORENO / Suff	11 Nonqualified plans	12a See instructions for box 12
62 PRISCILLA AVENUE YONKERS, NY 10710	13 Statutory employee / Retirement plan / Third-party sick pay	12b
	14 Other	12c
f Employee's address and ZIP code		12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
NY	[redacted]	13,800.00	414.00	13,800.00	218.00	Yonkers

Form **W-2** Wage & Tax Statement **2014** 0000/ 1057

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Do Not Cut, Fold, or Staple Forms on This Page

22222 | Void | a Employee's social security number

For Official Use Only ▶
OMB No. 1545-0008

b Employer identification number	1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld
	7 Social security tips	8 Allocated tips
d Control number	9	10 Dependent care benefits
e Employee's first name and initial / Last name / Suff	11 Nonqualified plans	12a See instructions for box 12
	13 Statutory employee / Retirement plan / Third-party sick pay	12b
	14 Other	12c
f Employee's address and ZIP code		12d

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage & Tax Statement **2014** 0000/

Copy A for Social Security Administration - Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
Black-and-White Form W2 (Revised 03/14)

08/13/2015 16:06 FAX 007

EXHIBIT T

EDWARD L GRANT CORP 01-13
1413 EDWARD L GRANT HWY
BRONX, NY 10452

1234

DATE 03/15/2015

PAY TO THE ORDER OF Alex Moreno $ 2100.00

THE SUM 2100 [illegible] DOLLARS

TD Bank
America's Most Convenient Bank

FOR March 7 thru March 14

[redacted]

EDWARD L GRANT CORP 01-13
1413 EDWARD L GRANT HWY
BRONX, NY 10452

1233

DATE 3/08/2015

PAY TO THE ORDER OF Alex Moreno $ 2100.00

THE SUM 2100 [illegible] DOLLARS

TD Bank
America's Most Convenient Bank

FOR March 1 thru March 7

[redacted]

04/29/2015 09:59 AM Page: 3

EDWARD L GRANT CORP 01-10
1413 EDWARD L GRANT HWY
BRONX, NY 10452

1235

DATE 03/29/2015

PAY TO THE ORDER OF Alex Moreno $ 2100.00

THE SUM 2100 DOLLARS

TD Bank
America's Most Convenient Bank®

FOR March 21 thru March 28

[redacted]

EDWARD L GRANT CORP 01-15
1413 EDWARD L GRANT HWY
BRONX, NY 10452

1236

DATE 03/22/2015

PAY TO THE ORDER OF Alex Moreno $ 2100.00

THE SUM 2100 DOLLARS

TD Bank
America's Most Convenient Bank®

FOR March 14 thru March 21

[redacted]

04/29/2015 7:00AM (GMT-07:00)

EXHIBIT U

05/21/2015 09:38 AM Page: 7

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EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452

1500-5087
Company
EE ID: 8

01-1357 / 260

05/14/2015 — DATE
10177 — CHECK NO.

Payrolls by Paychex, Inc.

PAY TO THE ORDER OF
ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1581.18 AMOUNT

ONE THOUSAND FIVE HUNDRED EIGHTY ONE AND 18/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈000010177⑈ ⑆026013673⑆ 4274802028⑈

TO VERIFY AUTHENTICITY OF THIS DOCUMENT, THE BACK CONTAINS HEAT SENSITIVE INK THAT CHANGES FROM BLUE TO CLEAR AND ALSO CONTAINS AN ARTIFICIAL WATERMARK WHICH CAN BE VIEWED WHEN HELD AT AN ANGLE

FOLD AND REMOVE FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710
[redacted]

Pay Period: 05/04/15 to 05/10/15
Check Date: 05/14/15 Check #: 10177

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1581.18	4947.80
NET PAY	1581.18	4947.80

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
	Hourly				40.00	380.00
	Salary			2300.00		6700.00
	EARNINGS			2300.00	40.00	7080.00

WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
	Social Security		142.60	437.10
	Medicare		33.35	102.23
	Fed Income Tax	S 6	390.60	1115.26
	NY Income Tax	S 5	128.64	378.77
	NY Disability		0.60	2.40
	NY YNKRS Inc	S 5	21.74	67.44
	TOTAL		718.82	2102.20

NET PAY	THIS PERIOD ($)	YTD ($)
	1581.18	4947.80

Payrolls by Paychex, Inc.

6018 1500-5087 Edward L Grant Corp • 1413 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-5013

F00

05/21/2015 8:45AM (GMT-05:00)

05/21/2015 09:38 AM

Page: 8

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EDWARD L GRANT CORP
1415 EDWARD L GRANT HWY
BRONX NY 10452

1900-8087
Company
EE ID: 6

05/14/2015 DATE
10176 CHECK NO.

Payrolls by Paychex, Inc.

PAY TO THE ORDER OF

ALEX MORENO
62 PRISCILLA AVENUE
YONKERS NY 10710

$1581.18 AMOUNT

ONE THOUSAND FIVE HUNDRED EIGHTY ONE AND 18/100 .... DOLLARS

TO BANK

AUTHORIZED SIGNATURE(S)

⑈00000 10176⑈ ⑆026013673⑆ 4274802028⑈

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FOLD AND REMOVE

FOLD AND REMOVE

PERSONAL AND CHECK INFORMATION
Alex Moreno
62 Priscilla Avenue
Yonkers, NY 10710
[redacted]

Pay Period: 04/27/15 to 05/03/15
Check Date: 05/14/15 Check #: 10176

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD ($)	YTD ($)
Check Amount	1581.18	3366.02
NET PAY	1581.18	3366.82

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD ($)	YTD HOURS	YTD ($)
Hourly				40.00	350.00
Salary			2300.00		4400.00
EARNINGS			2300.00	40.00	4750.00

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD ($)	YTD ($)
Social Security		142.60	294.50
Medicare		33.35	66.88
Fed Income Tax	S 6	390.68	727.53
NY Income Tax	S 5	120.64	245.93
NY Disability		0.60	1.80
NY YNKRS Inc	S 5	21.76	41.68
TOTAL		718.82	1383.38

NET PAY THIS PERIOD ($) 1581.18 YTD ($) 3366.82

Payrolls by Paychex, Inc.

0013 1900-8087 Edward L Grant Corp • 1415 Edward L Grant Hwy • Bronx NY 10452 • (718) 293-3013

500B

05/21/2015 8:45AM (GMT-05:00)

EXHIBIT V

12/7/2015 04:15 PM

Page: 14

EMPLOYEE NAME			EMP NO.	DEPT.	CLOCK #	CONTROL NUMBER	EMPLOYER NAME
MORENO, ALEX			5630				
S.S. NUMBER	FWT EXEMP	SWT EXEMP	CHECK #	PERIOD END	CHECK DATE		
[redacted]	EXEMPT	NY EXEMPT	5013	11/14/15	11/18/15	[redacted]	EDWARD L GRANT CORP

EARNINGS. PERIOD BEGIN 11/08/15

DESCRIPTION	PAY RATE	HRS/UNITS	CURRENT	YEAR-TO-DATE
REGULAR	50.000	40.00	2,000.00	10,025.00
TOTAL			2,000.00	10,025.00

DEDUCTIONS & REIMBURSEMENTS

DESCRIPTION	CURRENT	YEAR-TO-DATE
SOCIAL SECURITY	124.00	621.55
MEDICARE	29.00	145.36
FWT		1,118.26
NEW YORK SWT		389.27
NEW YORK SDI	0.60	4.80
NY-YONKERS WITHHOL	19.14	84.35
1099 INCOM		13,000.00
TOTAL	-172.74	

MISCELLANEOUS

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452
(917)334-6924

MESSAGE

NET PAY 1,82

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW.

PAYROLL BY Benefit

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX, NY 10452

TD BANK NA
LEWISTON, ME

DATE
11/18/15

1-1367/260

PAYROLL CHECK
5013

AMOUNT

PAY ***ONE THOUSAND EIGHT HUNDRED TWENTY SEVEN & 26/100 DOLLARS***

***$1,827.26

VOID AFTER 3 MONTHS

TO THE ORDER OF
ALEX MORENO
62 PRISCILLA AVENUE
YONKERS, NY 10710

[redacted]

12/07/2015 3:28PM (GMT-06:00)

EMPLOYEE NAME	EMP.NO.	DEPT.	CLOCK #	CONTROL NUMBER	EMPLOYER NAME
O, ALEX	5630			[redacted]	EDWARD L GRANT CORP

NUMBER	FWT EXEMP	SWT EXEMP	CHECK #	PERIOD END	CHECK DATE
[redacted]	EXEMPT	NY EXEMPT	5016	11/21/15	11/27/15

EARNINGS PERIOD BEGIN 11/15/15 | **DEDUCTIONS & REIMBURSEMENTS** | **MISCELLANEOUS**

IPTION	PAY RATE	HRS/UNITS	CURRENT	YEAR TO DATE	DESCRIPTION		CURRENT	YEAR TO DATE	MISCELLANEOUS
LAR	50.000	40.00	2,000.00	12,025.00	SOCIAL SECURITY	-	124.00	765.55	EDWARD L GRANT CORP
					MEDICARE	-	29.00	374.36	1413 EDWARD L GRANT HWY
					FWT			1,318.26	BRONX NY 10452
					NEW YORK SWT			389.27	(917)334-6924
					NEW YORK SDI	-	0.60	5.40	
					NY-YONKERS WITHHOL	-	19.14	103.49	
					1099 INCOM			13,000.00	
		TOTAL	2,000.00	12,025.00	TOTAL		-172.74		NET PAY 1,827.26

PAYROLL BY BenefitMall

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK • HOLD AT AN ANGLE TO VIEW

TD BANK NA
LEWISTON, ME
1-1367/260

WARD L GRANT CORP
.3 EDWARD L GRANT HWY
)NX, NY 10452

DATE
11/27/15

PAYROLL CHECK
5016

AMOUNT
***$1,827.26
VOID AFTER 3 MONTHS

/ ***ONE THOUSAND EIGHT HUNDRED TWENTY SEVEN & 26/100 DOLLARS***

HE
ER
ALEX MORENO
62 PRISCILIA AVENUE
YONKERS, NY 10710

[redacted] [redacted]

EXHIBIT W

01/22/2016 09:16 AM

CTL #B-0121-170928/47347

Page: 22

L

PAGE 1

EMPLOYEE NAME			EMP.NO.	DEPT	CLOCK #
MORENO, ALEX			5630	0	
S.S. NUMBER	FWT EXEMP	SWT EXEMP	CHECK #	PERIOD END.	CHECK DATE
[redacted]	EXEMPT	NY EXEMPT	5021	01/04/16	01/22/16

EDWARD F. GRANT CORP (917)334-6924
1413 EDWARD L GRANT HWY
BRONX NY 10452

EARNINGS PERIOD BEGIN 12/29/15

DESCRIPTION	PAY RATE	HRS/UNITS	CURRENT	YTD HRS	YEAR-TO-DATE
REGULAR	48.728	40.00	1,949.10	80.00	3,898.20
		TOTAL	1,949.10		3,898.20

DEDUCTIONS & REIMBURSEMENTS

DESCRIPTION	CURRENT	YEAR-TO-DATE
SOCIAL SECURITY	120.84	241.68
MEDICARE	28.26	56.52
TOTAL	-149.10	NET PAY 1,800.00

EMPLOYEE NAME			EMP.NO.	DEPT.	CLOCK #
S.S. NUMBER	FWT EXEMP	SWT EXEMP	CHECK #	PERIOD END.	CHECK DATE

EARNINGS

DESCRIPTION	PAY RATE	HRS/UNITS	CURRENT	YTD HRS	YEAR-TO-DATE
		TOTAL			

DEDUCTIONS & REIMBURSEMENTS

DESCRIPTION	CURRENT	YEAR-TO-DATE
TOTAL		NET PAY

********* END OF CHECK DETAIL **********

EMPLOYEE NAME			EMP.NO.	DEPT.	CLOCK #
S.S. NUMBER	FWT EXEMP	SWT EXEMP	CHECK #	PERIOD END.	CHECK DATE

EARNINGS

DESCRIPTION	PAY RATE	HRS/UNITS	CURRENT	YTD HRS	YEAR-TO-DATE
		TOTAL			

DEDUCTIONS & REIMBURSEMENTS

DESCRIPTION	CURRENT	YEAR-TO-DATE
TOTAL		NET PAY

PAYCHECK DETAIL REPORT

01/22/2016 8:31AM (GMT-06:00)

04/6/2016 08:34 AM

03/30/2016 12:00 FAX

EMPLOYEE NAME			EMP NO.	DEPT.	CLOCK #	CONTROL NUMBER	EMPLOYER NAME
MORENO, ALEX			3630			B-0323-173203/47347	EDWARD L GRANT CORP
S.S. NUMBER	FED EXEMPT	NYT EXEMP	CHECK #	PERIOD END	CHECK DATE		
[redacted]	EXEMPT	NY EXEMPT	5022	03/19/16	03/25/16		

EARNINGS PERIOD BEGIN 03/13/16

DESCRIPTION	PAY RATE	QUANTITY	CURRENT	YEAR TO DATE
REGULAR	47.500	40.00	1,900.00	5,798.20
TOTAL			1,900.00	5,798.20

DEDUCTIONS & REIMBURSEMENTS

DESCRIPTION		CURRENT	YEAR TO DATE
SOCIAL SECURITY	-	117.80	[illegible]
MEDICARE	-	27.55	84.07
NEW YORK SDI	-	0.60	0.60
NY-YONKERS WITHHOL	-	17.98	[illegible]
TOTAL		-163.93	

MISCELLANEOUS

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX NY 10452
(917)334-6924

NET PAY 1,736.07

PAYROLL BY BenefitMall

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX, NY 10452

TD BANK NA
LEWISTON, ME

1-1367/260

DATE
03/25/16

PAYROLL CHECK
5022

AMOUNT
***$1,736.07
VOID AFTER 3 MONTHS

04/06/2016 7:41AM (GMT-05:00)

)4/6/2016 08:34 AM

03/30/2016 11:50 FAX

Page: 10

001/002

EMPLOYEE NAME			EMP NO.	DEPT	CLOCK #	CONTROL NUMBER	EMPLOYER NAME
MORENO, ALEX			5630			B-0328-174159/47347	EDWARD L GRANT CORP
S.S. NUMBER	FET EXEMP	SWT EXEMP	CHECK #	PERIOD END	CHECK DATE		
[redacted]	EXEMPT	NY EXEMPT	5023	03/28/16	03/29/16		

EARNINGS PERIOD BEGIN 03/22/16					DEDUCTIONS & REIMBURSEMENTS			MISCELLANEOUS
DESCRIPTION	PAY RATE	HRS/UNITS	CURRENT	YEAR-TO-DATE	DESCRIPTION	CURRENT	YEAR-TO-DATE	
REGULAR	%760000	0.01	7,600.00	13,398.20	SOCIAL SECURITY	471.20	830.60	EDWARD L GRANT CORP
					MEDICARE	110.20	194.[illegible]	1413 EDWARD L GRANT HWY
					NEW YORK SDI	0.60	1.80	BRONX NY 10452
					NY-YONKERS WITHHOL	90.41	109.39	(917)334-6924
	TOTAL		7,600.00	13,398.20	TOTAL	-672.41		NET PAY 6,927.59

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK • HOLD AT AN ANGLE TO VIEW

PAYROLL BY BenefitMall

EDWARD L GRANT CORP
1413 EDWARD L GRANT HWY
BRONX, NY 10452

TD BANK NA
LEWISTON, ME

DATE
03/29/16

1-1367/260

PAYROLL CHECK
5023

AMOUNT

PAY ***SIX THOUSAND NINE HUNDRED TWENTY SEVEN & 59/100 DOLLARS***

***$6,927.59

VOID AFTER 3 MONTHS

TO THE ORDER OF
ALEX MORENO
62 PRISCILLA AVENUE
YONKERS, NY 10710

⑈005023⑈ ⑆026013673⑆ 4274802028⑈

04/06/2016 7:41AM (GMT-05:00)

EXHIBIT X

TD Bank
America's Most Convenient Bank®

T STATEMENT OF ACCOUNT

ALEXANDER MORENO
62 PRISCILLA AVE
YONKERS NY 10710

Page: 1 of 2
Statement Period: Sep 08 2015-Oct 07 2015
Cust Ref #: [redacted]-###
Primary Account #: [redacted]

TD Convenience Checking

ALEXANDER MORENO

Account # [redacted]

ACCOUNT SUMMARY

Beginning Balance	1.00	Average Collected Balance	-11.14
Electronic Deposits	395.00	Annual Percentage Yield Earned	0.00%
		Days in Period	30
Electronic Payments	520.72		
Other Withdrawals	35.00		
Service Charges	16.00		
Ending Balance	-175.72		

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$35.00	$55.00
Total Returned Item Fees (NSF)	$0.00	$0.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
9/21	ATM CASH DEPOSIT, *****45112526310, AUT 092015 ATM CASH DEPOSIT 1820 CENTRAL PARK AVENUE YONKERS * NY	395.00
	Subtotal:	395.00

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
9/22	ACH DEBIT, CON ED OF NY INTELL CK ****26102000048	385.00
10/2	ELECTRONIC PMT-TEL, GEICO GEICO PYMT UA5XCRUBFJ0ODDE	135.72
	Subtotal:	520.72

Other Withdrawals

POSTING DATE	DESCRIPTION	AMOUNT
10/5	OVERDRAFT PD	35.00
	Subtotal:	35.00

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
10/7	MAINTENANCE FEE	15.00
10/7	PAPER STATEMENT FEE	1.00
	Subtotal:	16.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
9/7	1.00	10/2	-124.72
9/21	396.00	10/5	-159.72
9/22	11.00	10/7	-175.72

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

15 04:15 PM

12/05/2015 13:10 FAX

Page: 21

005/007

How to Balance your Account

Page: 2 of 2

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

❶ Ending Balance -175.72

❷ Total Deposits +

❸ Sub Total

❹ Total Withdrawals -

❺ Adjusted Balance

❶

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		

❷

❹

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		

❹

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the Bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

12/07/2015 3:28PM (GMT-06:00)

TD Bank
America's Most Convenient Bank®

STATEMENT OF ACCOUNT

ALEXANDER MORENO
82 PRISCILLA AVE
YONKERS NY 10710

Page: 1 of 3
Statement Period: Oct 08 2015-Nov 07 2015
Cust Ref #: [redacted]
Primary Account #: [redacted]

ACCOUNT STATEMENTS TO INCLUDE MORE BILL PAY TRANSACTION INFORMATION
WE'RE IMPROVING THE TRANSACTION DESCRIPTIONS OF PAPER CHECKS SENT FROM TD BILL PAY ON YOUR ACCOUNT STATEMENTS. THE PAYEE NAME IS NOW INCLUDED IN THE DESCRIPTION. IMAGES OF BILL PAY PAPER CHECKS ARE AVAILABLE IN YOUR ONLINE ACCOUNT HISTORY WITH THE OPTION TO PRINT. IF YOU HAVE ANY QUESTIONS, CALL US ANYTIME AT 1-888-751-9000. WE'RE GLAD TO HELP.

TD Convenience Checking
ALEXANDER MORENO

ACCOUNT SUMMARY — Account # 431-3601943

Beginning Balance	-175.72	Average Collected Balance	-48.43
Electronic Deposits	844.30	Annual Percentage Yield Earned	0.00%
		Days in Period	31
Electronic Payments	544.30		
Other Withdrawals	90.00		
Service Charges	16.00		
Ending Balance	18.28		

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$20.00	$75.00
Total Returned Item Fees (NSF)	$70.00	$70.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
10/19	ATM CASH DEPOSIT, *****45112526310, AUT 101915 ATM CASH DEPOSIT 1820 CENTRAL PARK AVENUE YONKERS * NY	300.00
10/21	ACH RETURNED ITEM, CON ED OF NY INTELL CK ****26102000048	272.15
10/27	ACH RETURNED ITEM, CON ED OF NY RETRY PYMT ****26102000048	272.15
	Subtotal:	844.30

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
10/20	ACH DEBIT, CON ED OF NY INTELL CK ****26102000048	272.15
10/26	ACH DEBIT, CON ED OF NY RETRY PYMT ****26102000048	272.15
	Subtotal:	544.30

Other Withdrawals

POSTING DATE	DESCRIPTION	AMOUNT
10/16	SUSTAINED OD FEE	20.00
10/21	OVERDRAFT RET	35.00
10/27	OVERDRAFT RET	35.00
	Subtotal:	90.00

How to Balance your Account

Begin by adjusting your account register as follows:

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4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

❶ **Ending Balance** 18.28

❷ **Total Deposits** + ______

❸ **Sub Total** ______

❹ **Total Withdrawals** - ______

❺ **Adjusted Balance** ______

❷

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		❷

❹

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		❹

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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INTEREST NOTICE

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FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

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- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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TD Bank
America's Most Convenient Bank®

STATEMENT OF ACCOUNT

ALEXANDER MORENO

Page: 3 of 3
Statement Period: Oct 08 2015-Nov 07 2015
Cust Ref #: [redacted]
Primary Account #: [redacted]

DAILY ACCOUNT ACTIVITY

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
11/6	MAINTENANCE FEE	15.00
11/6	PAPER STATEMENT FEE	1.00
	Subtotal:	16.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
10/7	-175.72	10/21	69.28
10/16	-195.72	10/26	-202.67
10/19	104.28	10/27	34.28
10/20	-167.87	11/6	18.28

Account History between the banking dates of 11/01/2015 and 12/05/2015

Date	Type	Description	Debit	Credit
12/04/2015	DEBIT	VISA DDA PUR 478930 PDFFILLER COM 617 8704200 * MA	$119.88	
12/02/2015	DEBIT	VISA DDA PUR 436724 AMERIPRISE INS AUTO AIC 800 5352001 * WI	$1,066.40	
12/01/2015	CREDIT	ATM CASH DEPOSIT TW04C179 1820 CENTRAL PARK AVENUE YONKERS * NY		$90.00
11/30/2015	DEBIT	DEBIT	$900.00	
11/30/2015	DEP	DEPOSIT		$100.00
11/27/2015	CREDIT	ATM CHECK DEPOSI TW04B405 281 WEST 230TH STREET NEW YORK * NY		$1,827.26
11/25/2015	DEBIT CARD	VISA DDA PUR 469216 SPRINT WIRELESS 800 639 6111 * KS	$100.00	
11/24/2015	DEBIT	DEBIT	$1,600.00	
11/23/2015	DEP	DEPOSIT.		$1,827.26
11/13/2015	POS	DDA PURCHASE *6310 BMC PROC CONED NY * NY	$653.35	
11/13/2015	CREDIT	ATM CASH DEPOSIT TW04C179 1820 CENTRAL PARK AVENUE YONKERS * NY		$650.00
11/12/2015	DEBIT	MINISTMT PREAUTH TW04C179 1820 CENTRAL PARK AVENUE YONKERS * NY	$.00	

11/06/2015	FEE	PAPER STATEMENT FEE	$1.00
11/06/2015	FEE	MAINTENANCE FEE	$15.00

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How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
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3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

❶ Ending Balance 38.17

❷ Total Deposits +

❸ Sub Total

❹ Total Withdrawals

❺ Adjusted Balance

❷

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		❷

❹

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		❹

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

E STATEMENT OF ACCOUNT

ALEXANDER MORENO
62 PRISCILLA AVE
YONKERS NY 10710

Page: 1 of 3
Statement Period: Nov 08 2015-Dec 07 2015
Cust Ref #: [redacted]***
Primary Account #: [redacted]

ACCOUNT STATEMENTS TO INCLUDE MORE BILL PAY TRANSACTION INFORMATION
WE'RE IMPROVING THE TRANSACTION DESCRIPTIONS OF PAPER CHECKS SENT FROM TD BILL PAY ON YOUR ACCOUNT STATEMENTS. THE PAYEE NAME IS NOW INCLUDED IN THE DESCRIPTION. IMAGES OF BILL PAY PAPER CHECKS ARE AVAILABLE IN YOUR ONLINE ACCOUNT HISTORY WITH THE OPTION TO PRINT. IF YOU HAVE ANY QUESTIONS, CALL US ANYTIME AT 1-888-751-9000. WE'RE GLAD TO HELP.

TD Convenience Checking

ALEXANDER MORENO

Account # 431-3601943

ACCOUNT SUMMARY

Beginning Balance	18.28
Deposits	1,927.26
Electronic Deposits	2,567.26
Electronic Payments	1,959.63
Other Withdrawals	2,500.00
Service Charges	15.00
Ending Balance	38.17

Average Collected Balance	210.79
Annual Percentage Yield Earned	0.00%
Days in Period	30

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$75.00
Total Returned Item Fees (NSF)	$0.00	$70.00

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	AMOUNT
11/23	DEPOSIT	1,827.26
11/30	DEPOSIT	100.00
	Subtotal:	1,927.26

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
11/13	ATM CASH DEPOSIT, *****[redacted], AUT 111215 ATM CASH DEPOSIT 1820 CENTRAL PARK AVENUE YONKERS * NY	650.00
11/27	ATM CHECK DEPOSIT, *[redacted]AUT 112715 ATM CHECK DEPOSI 281 WEST 230TH STREET NEW YORK * NY	1,827.26
12/1	ATM CASH DEPOSIT, [redacted]AUT 120115 ATM CASH DEPOSIT 1820 CENTRAL PARK AVENUE YONKERS * NY	90.00
	Subtotal:	2,567.26

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
11/13	DEBIT POS, *****45112526310, AUT 111315 DDA PURCHASE CONED NY * NY	653.35
11/25	DEBIT CARD PURCHASE, ***[redacted], AUT 112415 VISA DDA PUR SPRINT WIRELESS 800 639 6111 * KS	100.00

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

STATEMENT OF ACCOUNT

ALEXANDER MORENO

Page: 3 of 3
Statement Period: Nov 08 2015-Dec 07 2015
Cust Ref #: [redacted]
Primary Account #: [redacted]

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
12/2	DEBIT CARD PAYMENT, ****[redacted], AUT 120115 VISA DDA PUR AMERIPRISE INS AUTO AIC 800 5352001 * WI	1,086.40
12/4	DEBIT CARD PAYMENT, ****[redacted], AUT 120215 VISA DDA PUR PDFFILLER COM 617 8704200 * MA	119.88
	Subtotal:	1,959.63

Other Withdrawals

POSTING DATE	DESCRIPTION	AMOUNT
11/12	MINI STMT PREAUTH, *****45112526310, AUT 111215 MINISTMT PREAUTH 1820 CENTRAL PARK AVENUE YONKERS * NY	0.00
11/24	DEBIT	1,600.00
11/30	DEBIT	900.00
	Subtotal:	2,500.00

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
12/7	MAINTENANCE FEE	15.00
	Subtotal:	15.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
11/7	18.28	11/30	1,169.45
11/13	14.93	12/1	1,259.45
11/23	1,842.19	12/2	173.05
11/24	242.19	12/4	53.17
11/25	142.19	12/7	38.17
11/27	1,969.45		

Bank Deposits FDIC Insured | TD Bank, N.A. | Equal Housing Lender

TD Bank
America's Most Convenient Bank®

STATEMENT OF ACCOUNT

ALEXANDER MORENO
62 PRISCILLA AVE
YONKERS NY 10710

Page: 1 of 3
Statement Period: Dec 08 2015-Jan 07 2016
Cust Ref #: [redacted]
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TD Convenience Checking
ALEXANDER MORENO

Account # 431-3801943

ACCOUNT SUMMARY

Beginning Balance	38.17	Average Collected Balance	88.75
Electronic Deposits	1,450.00	Annual Percentage Yield Earned	0.00%
Electronic Payments	1,345.50	Days in Period	31
Other Withdrawals	40.00		
Service Charges	15.00		
Ending Balance	87.67		

	Total for This Period	Total Prior Year
Total Overdraft Fees	$0.00	$75.00
Total Returned Item Fees (NSF)	$0.00	$70.00

DAILY ACCOUNT ACTIVITY

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
12/21	ATM CASH DEPOSIT, [redacted] AUT 122115 ATM CASH DEPOSIT 1820 CENTRAL PARK AVENUE YONKERS * NY	650.00
12/29	ATM CASH DEPOSIT, [redacted] AUT 122815 ATM CASH DEPOSIT 1820 CENTRAL PARK AVENUE YONKERS * NY	710.00
1/4	ATM CASH DEPOSIT, [redacted] AUT 010216 ATM CASH DEPOSIT 1820 CENTRAL PARK AVENUE YONKERS * NY	90.00
	Subtotal:	1,450.00

Payroll

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
12/9	DEBIT CARD PURCHASE, [redacted], AUT 120815 VISA DDA PUR LIQUORFELLERS LIQUORS YONKERS * NY	10.90
12/14	DEBIT CARD PURCHASE, [redacted], AUT 121215 VISA DDA PUR NYCDOT PARKING METERS LONG IS CITY * NY	1.25
12/22	TD ATM DEBIT, [redacted] AUT 122215 DDA WITHDRAW 1820 CENTRAL PARK AVENUE YONKERS * NY	540.00
12/23	DEBIT CARD PURCHASE, [redacted] AUT 122115 VISA DDA PUR SPRINT WIRELESS 800 639 6111 * KS	100.00
12/29	DEBIT POS, [redacted], AUT 122915 DDA PURCHASE CONED NY * NY	253.35

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How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	$7.67
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		

2

4

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		

4

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TD Bank
America's Most Convenient Bank®

STATEMENT OF ACCOUNT

ALEXANDER MORENO

Page: 3 of 3
Statement Period: Dec 08 2015-Jan 07 2016
Cust Ref #: [redacted]
Primary Account #: [redacted]

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
12/31	TD ATM DEBIT, [redacted], AUT 123115 DDA WITHDRAW 1820 CENTRAL PARK AVENUE YONKERS * NY	440.00
	Subtotal:	1,345.50

Other Withdrawals

POSTING DATE	DESCRIPTION	AMOUNT
12/29	DEBIT	40.00
	Subtotal:	40.00

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
1/7	MAINTENANCE FEE	15.00
	Subtotal:	15.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
12/7	38.17	12/23	36.02
12/9	27.27	12/29	452.67
12/14	26.02	12/31	12.67
12/21	676.02	1/4	102.67
12/22	136.02	1/7	87.67

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03/10/2016